| 2 | MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Ttem 1d Film G380 8/31/66 mh |
|----------|---|
| | 11703 CERTIFICATE OF DEATH |
| 1. | PLACE OF DEATH O. COUNTY PRINCE GEGRGES MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) O. STATE ANY LAND b. COUNTY PR: GEO. |
| | b. CITY OR TOWN (If outside corporate limits, write RURAL ond give neorest town) RURAL ond give neorest town) UPPER MANLBORD 5 1 YRS UPPER BARLBORD |
| 0 | d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 3820 Marlboro Pike d. STREET ADDRESS 3828 MARLBORO PIKE ON A FARM? YES NO |
| 1 | NAME OF DECEASED (Type or print) GEGGIA PLACE ANNA ADAMS OF DEATH AUGUST 24 1966 |
| | SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH WIDOWED DIVORCED 7. MONTHS DOYS Hours Min. 8. DATE OF BIRTH 19. AGE In years If UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE In years If UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min. |
| 100 | O. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) WHAT COUNTRY: WAR ANY CAND 12. CITIZEN OF WHAT COUNTRY: OUT OF WHAT COUNTRY: OUT OF WHAT COUNTRY: |
| 13. | FATHER'S NAME WILLIAM ALLEN 14. MOTHER'S MAIDEN NAME MINNIE ALLEN |
| 1S. | WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT REED 38 Address MANIBORU PILA On or unknown) (If yes, give wor or dates of service) (If yes, give wor or dates of service) (If yes, give wor or dates of service) |
| | 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate couse (a), stoting the under-tying cause last. (c) SENILITY INTERVAL BETWEEN ONSET AND DEATH SORY SUECET DUE TO Conditions, if ony, which gave rise to immediate couse (a), stoting the under-tying cause last. |
| CATION | PAIT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO |
| L CERTIF | 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) |
| MEDICA | |
| | 21. I certify that I attended the deceased from 406. 21. 196, ta 406. 24, 1966, that I last saw the deceased alive on 1966, and that death accurred at 6.99 MM, from the causes and an the date stated above ADDRESS (Street, city or town, stole) ACTUAL SIGNATURE SIGNATURE SIGNATURE ACTUAL SIGNATURE |
| 1 | PHYSICIAN'S NAME (Type) |
| 220 | 6. BURIAL CREMATION, 226. DATE THEREOF TO SHAME OF CEMETERY OF CREMATORY 226. LOCATION (8.14), Shin, or county) (Stote) |
| 23. | LINERAL DIRECTOR'S SIGNATURE 339 - NUMBER DL-NE DATE AUG 25 1966 20 COPPER SIGNATURE |

1 Militage - vii pe

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Res a. COUNTY Prince George a. STATE b. COUNTY Prince Georges MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Cheverly c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) by Pag Hvattsville. hours E d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? filled d. STREET ADDRESS 6412 Lamont Drive Prince Georges IGeneral Hospital within YES NO X remove carbon prant any event letely NAME OF Middle Last DATE Month DECEASED August 66 Adler Stuart DEATH (Type or print) 19 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED X NEVER MARRIED last birthday) | Months | Days Hours White Male 10-12-12 WIDOWED DIVORCED [10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Sight-Seeing Service 12. CITIZEN OF WHAT COUNTRY? = 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) physic, please INDUSTRY Marvland removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending pharmit. Then Edward Adler Minnie Sinskev 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address been signed by the attenthe burial-transit permit. In to burial, cremation, or (Yes, no, or unkown) (If yes give war or dates of service) death 8865 Mrs. Clara Adler-Wife-As Above No 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) sonaly **DUE TO** Conditions, if any, which (b). gave rise to immediate DUE TO cause (a) stating the as th Lunch underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health r this certificate h detached for use te Dept. of Health PERFORMED? YES X NO T 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) Fage 4 may be retained.

TO FUNERAL DIRECTOR: After this director, page 3 should be deta director, page 3 should be deta MEDICAL (State) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While While at work 21. I certify that () (this hospital) attended the deceased from and that death occurred at 9 2 M, from the causes and on the date stated above. saw the deceased alive on. 22b. DATE SICHED 22a. SICNATURE ATTENDING MED. DIRECTOR STAFF M.D. Rd. College Edgewood (State) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF 23c. LEBANON HYATTSVILLE, MARYLAND 8-29-66 REGISTRAR'S SICNATURE ADDRESS REC'D BY REGISTRAR | 25b. VR A15 (4) 15M 4-64



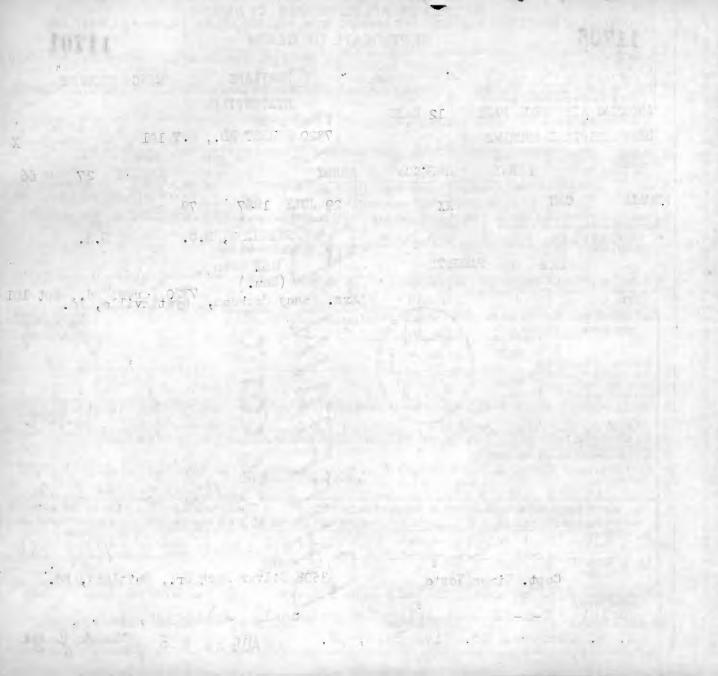
11/2011 ATAMASA NA TOTO TOTO AND A STATE OF THE STAT w Light it . At x all altigori men to the second The second second BE THE SE WAS DONE THE SECOND OF THE SECOND The state of the s TANK THE REPORT OF THE PARTY OF generally manufita in the control to the builting by the dealers of a men along the form

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

| (| MARYLAND STATE DEPARTMENT OF HEALTH | |
|-------------------------|--|---------------------|
| DIVISION OF STATISTICAL | RESEARCH AND RECORDS, 301 W. PRESTON STREET, BA | LTIMORE 1, MARYLAND |
| 11706 | RESEARCH AND RECORDS, 301 W. PRESTON STREET, BA CERTIFICATE OF DEATH | 11701 |

| 1. PLACE DE DEATH 3. COUNTY | 2. USUAL RESIDENCE | (Where deceased lived, If institution: | Residence before admission) |
|--|---|--|-------------------------------|
| MRINCE (9201905 CO. MARYLAND | e. STATE MARYLAND b. COUNTY PRINCE GEORGES | | |
| b. CITY DR TOWN (If outside corporate limits. 1 c. LENGTH OF STAY IN 1b. | c. CITY OR TOWN (If or | itside corporate limits, write RUR | AL and give nearest town) |
| ANDREWS AIR FORCE BASE 12 DAYS | HYATTS | VILLE | 11 -1 |
| d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) | d. STREET ADORESS | | e. IS RESIDENCE |
| USAF HOSPITAL ANDREWS | 7320 FOREST | RD., APT 101 | DN A FARM? |
| 3. NAME DF First Middle | Last | 4. OATE Month | Oay Year |
| DECEASED (Type or print) FANNY REBECCA AS | HBY | DF AUGUST | 27 19 66 |
| 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | 8. OATE OF BIRTH | 9. AGE (In years IFUNDE | DI VEAD HELINDER 24 HPS |
| FEMALE CAU WIDOWED KX OIVORCED | 29 JULY 188' | 7 iast birthday) Months | Oays Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Cour | ty & State, or foreign country) 12. | CITIZEN OF WHAT |
| Housewife Own home | WASHINGTO | | U.S. |
| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN | | |
| Ike PADGETT | Unkn | 0 wn | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service) | INFORMANT (Dau. | Address | |
| NO No None Mr | s. Fanny Jack | cson, 7320 Forest | Rd Apt 101 |
| 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] | | | I INTERVAL BETWEEN |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) FRY OLAC O | rrest | | ONSET AND DEATH |
| 586 X DUE TO | | | 7900 |
| Conditions, if any, which \ (b) | | | |
| gave rise to immediate cause (a), stating the CUE TO | | | |
| underlying cause last. (c) | | | |
| PART II. DYHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT REL | ATED TO THE TERMINAL OIS | EASE CONDITION GIVEN IN PART 1(a | 19. WAS AUTOPSY PERFORMED? |
| & CArdiae arrest on 23 Aug. Immeliate | L following 6 | nllbladder Operation | YES NO |
| PARTIL DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT REL WIND CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PARTIL DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | JRREO. (Enter nature of li | njury in Part or Part of Item 1 | 8.) |
| 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL | CE OF INJURY (Home, farm | , 20f. (City or town) (C | ounty) (State) |
| 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL | ory, street, office bldg., etc. | 1 //2 / | es Co. Md. |
| 21. I certify that (I) (this hospital) attended the deceased from | 9v9 K 19 | | that (I) (we) last |
| | t death occurred at [1] | 23PM, from the causes and on | |
| 22a. SIGNATURE | ATTENDING - ME | | OATE SIGNED |
| Throw yes # | D. PHYS DII | RECTOR PHYS. | Chig. 1964 |
| PHYSIGIAN'S NAME (Type) Capt. Dixon Yeste | 22d. ADDRESS 3508 Silver | Park Dr., Suitle | and Ma. |
| 23a. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETER REMOVAL (Society) | Y OR CREMATORY | 23d. LOCATION (City, town or c | county) (State) |
| Burial 9-1-66 Arlington | National | Arlington V | |
| 24. FUNERAL DIRECTOR ADDRESS | | BY REGISTRAN 256. REGISTRA | |
| W. W. Chambers Co. Riverdale, | oate AU | 6 3 0 1966 gale | arles Judge. |

VR AIS (4) 20M 1/65

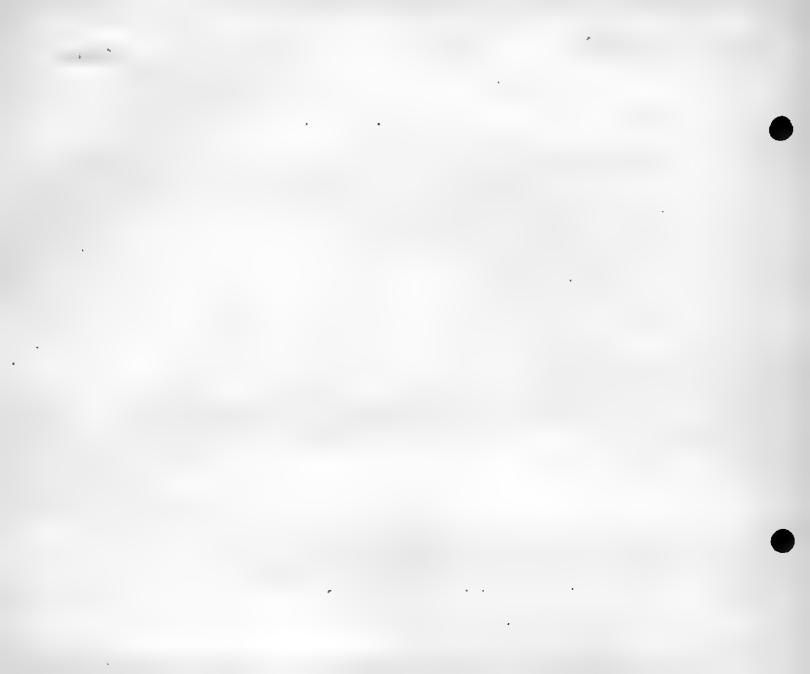


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE b. COUNTY delay is Prince George's Prince George's MARYLAND Maryland b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 39 hrs. Mt. Rainier Cheverly d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? te Der ward "pending" in pencil in Item 18. Give Pages 1, the Chief Medical Examiner's Office along with farm Item 18. Give Pages Prince George General Hospital 2704 Allison Street YES NO SP hours after death. 3. NAME OF Middle 4. DATE Year DECEASED DEATH (Type ar print) Barlowe 10 19 66 Edvthe with S. SEX 6. COLOR OR RACE AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthdoy) Months Days WIDOWED DIVORCED 20 Nov. 1912 CY Female White 10a. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (State or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY pages I own home Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME shauld be executed within Amos W Hawk Addie Mae Mc Cauley File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. (Yes, na, or unknown) (If yes give war ar dates of service) or removal, George M Barlowe Mt. Rainier, Md. no 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit ONSEL AND DEATH IMMEDIATE CAUSE (0) Cerebro vascular hemorrhage s a burial-tra cremation, a From rupture of cerebral blood vessel 39 hrs Conditions, if any, which gave From arteriosclerosis te, writing the v unknown rise to immediate cause (a). DUF TO certificate stating the underlying cause used as burial, c 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) please execute the certificate. NO X 9 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) prior shauld PRIMARY CONTRIBUTING AL EXAMINER: CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (State) Not While Hour o.m. factory, street, office bldg., etc.) While at wark may be retained for your FUNERAL DIRECTOR: Page 21. I certify that I taak charge of the remains described above, held an Autapsy ... Inspection x Inquiry x and in my apinian the funeral director. death resulted fram: Natural causes X Accident Undetermined manner Suicide Homicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) John Kehoe, M.D. Riverdale, Md. 8-10-66 Health Address (Street, city, town, or county) 23c. NAME OF CEMETERY OR GRESNAFORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (State) 50 Burial ilyattsville, Md. Aug 12, 1966 George Washington 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR ATSME (SA Gasch's Sons Hyattsville, Md. Mingley 1966 6M 1/66

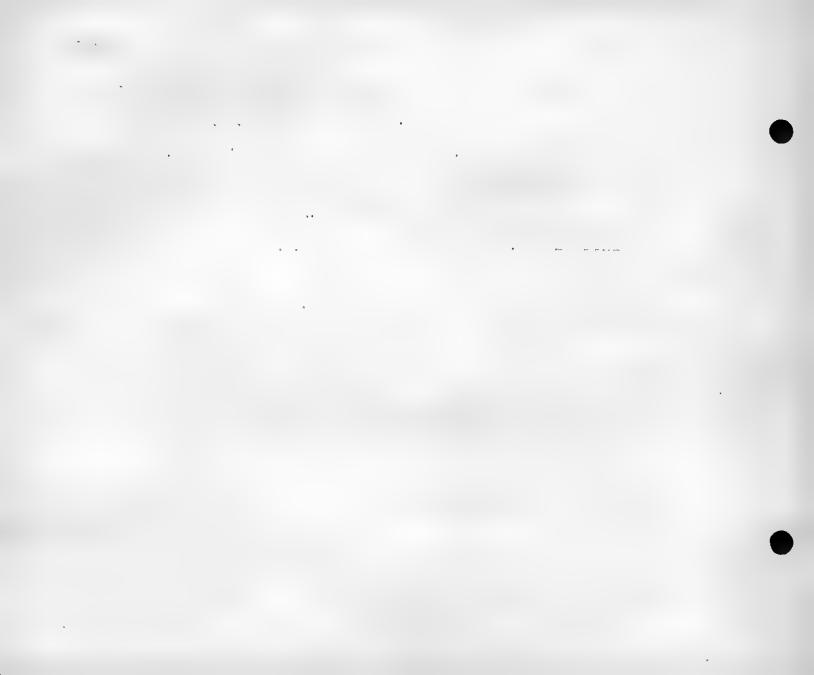
A STATE OF THE PARTY OF THE PAR A STATE OF THE PARTY OF THE PAR Description of the state of the The same of the sa

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11705 CERTIFICATE OF DEATH death. The law requires that the death certificate be executed within 24 hours after death physician and completely filled in by the funeral physician and carbon papers. Pages 1 and evel, and in any event, within 72 haurs after death 1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a STATE Maryland b COUNTYPrince George's a. COUNTY Prince George's MARYLAND c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) b CITY OR TOWN (If outside carparate limits, c LENGTH OF STAY IN 16 write RURAL and give nearest town) Cheverly, Md. Hyattsville, Md. d NAME OF HOSPITA, OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? 40th avenue 5410 Prince Georges General Hospital YES NO THE 3 NAME OF Middle 4. DATE Year DECEASED ugust 19 66 30. George Elmer Bateman (Type or pant) DEATH 9. AGE (n years S SEX F UNDER 1 YEAR | IF UNDER 24 HRS 6 COLOR OR RACE B DATE OF BIRTH 7 MARRIED NEVER MARRIED last birthday) Manths Hours white male WIDOWED DIVORCED May 3, 1885 The HSHAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? U. S. A. Retired Electrical Engineer Washington D. C. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME William P. Bateman Margaret Felger 1S WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 17. INFORMANT 16 SOCIAL SECURITY NO Address 18 8040 Clarence A Bateman Silver Springs, Md. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN burial-transit PART I DEATH WAS CAUSED BY SHIPPIN IN IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave nse to immediate cause (a), DUE TO stoting the underlying couse Page 4 may be retained by the haspital ar attending to FUNERAL DIRECTOR: After this certificate has been as the WAS AUTOPS) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) NO DO fa 20o ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour a.m. Not While factory, street, affice blda, etc.) at work _, 19___, that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased fram 9/29/6619 saw the deceased alive an. and that death accurred at M, fram causes and on the date stated above. 220 SIGNATURE 22b DATE SIGNED MED DIRECTOR STAFF PHYS. 1 ung 30, 196 M.D. director, page should be filed 22d ADDRESS 22c PHYSICIAN S NAME (Type) 3408 R. I. ave Mt Rainier, Md. Leon Levitsky 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CHEMATORY 23d LOCATION (City or Town) 23o. BURIAL CREMATION. (County) REMOVAL (Specify) Sept 2, 1966 Rock Creek Cemetery Jashington D. C. Burial 2So. REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE **ADDRESS** 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 F. Gasch's Sons Hyattsville, Md.

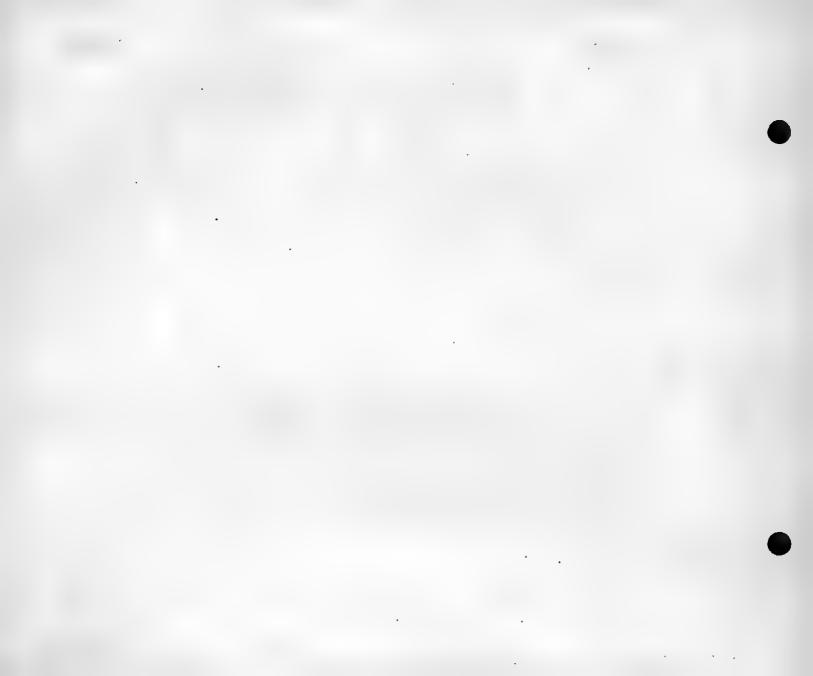




Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11710 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) completely filled in by the funeral nove corbon popers. Pages 1 ond y event, within 72 hours after deaf 1. PLACE OF DEATH P rince o. STATE Georges MARYLAND Maryland Prince Georges
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 15 Landover Hills 1 mo. 5 days Riverdale 8 IS RESIDENCE ON A FARM? d. NAME OF HOSPITA. OR INSTITUTION (If not in hospital, give street address) NO 3c YES [Leland Memorial Hosp. 71st 4. DATE Year remove corbon 3 NAME OF Middle. Month Dov DECEASED 19 66 (Type or print) DEATH Mag IF UNDER 24 HRS AGE (In years last birthday) IF UNDER 1 YEAR S SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF_BIRTH Months Dovs Hours DIVORCED WIDOWED 10a USUA, OCCUPAT ON (Give kind of work done 105 KIND OF BUSINESS OR 1) BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY Retired Housewi 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Phi Margaret Lusby Edwin Tillou 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) [(If yes give war or dates of service) 17. INFORMANT 16. SOCIAL SECURITY NO. Records Hosp. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) } ONSET AND DEATH burial-transit CARCINOMATOSIS PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUF TO PANCREAS LARCINOMA OF MINTHS Conditions, if ony, which gove rise to immediate couse (a). DUE TO stating the underlying couse Page 4 may be retained by the haspital or ottenaing to FUNERAL DIRECTOR: After this certificate has been the WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES NO for 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of Item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) (Stote) 20c TIME OF INJURY Month, Dov. Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (County) foctory, street, office bidg . etc.) at work . 19 6 6 that (1) (we) last 19 66 ta 21. I certify that (I) (this haspital) attended the deceased fram. JAN 19 6, and that death accurred at D 19M, fram causes and an the date stated above. saw the deceased alive an_ 22b. DATE SIGNED 22o SIGNATURE ATTENDING MED. DIRECTOR M.D. PHYS 22d, ADDRESS 22c. PHYSICIAN'S RIVERDALC MD. NAME (Type) 230 BURIAL, CREMATION, REMOVAL (Specify) 23d LOCATION (City or Town) 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (County) (Stote) Tincoln Cem Colmar Lanor อินครื่อ 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4)



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH **OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. and PLACE OF DEATH USUAL RESIDENCE (Where deceosed lived, if institution Residence before admission) o. COUNTY o. STATE MARYLAND b CITY OR TOWN (If autside carparate imits, write RURAL and give neglest town) 30 DAYS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? d STREET ADDRESS filled GNOL NO J NAME OF 4. DATE Year DECEASED DEATH (Type or print) event, DATE OF BIRTH AGE (in years F UNDER 1 YEAR SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED IF UNDER 24 HRS last birthday) Manths Days Hours WIDOWED 🔀 DIVORCED and 12 CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work done KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY **COUNTRY?** HOUSEWIFE 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME UNKHOWN UNKNOWN IS WAS DECEASED EVER IN U.S ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 3126 BELAIR DR (Yes, no, or upknown) (If yes give wor or dates of service) 5 578-07-1721 MRS RICHARD DE VAULT BOWIE, MO IB. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c) PART I DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit p burial, crematic ONSET AND DEATH RCINOMATOSIS IMMEDIATE CAUSE (a) DUE TO ARLINOMA OF THE STOMACH 15 MONTHS Conditions, if ony, which gove (b) rise to immediate cause (a). DUE TO stating the underlying couse last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES [NO 20a ACCIDENT WAS UNDERLYING [205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) 20c. TIME OF INJURY Month, Day, Year (County) Hour am. factory, street, office bldg., etc.) O FUNERAL DIRECTOR: After 21. I certify that (I) (this-hospital) attended the deceased fram 19____, that (I) (we) las be retained 19 66, and that death accurred at 1/1 A. M. fram causes and an the date stated above saw the deceased alive an_ 22a, SIGNATUR 22b. DATE SIGNED STAFF PHYS. ATTENDING M.D. PHYS 22d. ADDRESS 22c. PHYSICIAN'S BOHRER NAME (Type) BZUISAGE LANE BOWIE directar, shauld be 23c. NAME OF CEMETERY OR CREMATORY 23g. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) ARLINGTON AUG ARLINGTON NAT. CEM 24 FUNERAL DIRECTOR **ADDRESS** VR A15 (4) 20 M 1/66 CHAMBERS



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Pages 1 and 2 ins after death death requires that the death certificate be executed within 24 haurs after death PLACE OF GEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o. COHNTY o. STATE b. COUNTY Prince George's **MARYLAND** Prince George's b. CITY OR TOWN (If autside corporate imits, write RURAL and give nearest town) CLENGTH OF STAY IN 1b c. CITY OR TOWN (If autside caregrate limits, write RURAL and give negrest town) bon papers. Pag filled in by Cheverly day Seat Pleasant d. NAME OF HOSPITA. OR INSTITUTION (If not in haspital, give street address) d. STREET ADORESS e IS RESIDENCE ON A FARM? Prince George's General Hospital 6478 Addison Road YES NO IX 3. NAME OF First Middle 4 DATE Lost Manth Oav Year DECEASED B. Bishop August 66 Lola 10 (Type or print) **OEATH** or remayal, and in any event. S. SEX B. DATE OF BIRTH 9. AGE (n years 1F UNDER 1 YEAR IF UNDER 24 HRS. 6 COLOR OR RACE 7 MARRIED NEVER MARRIED birthday) Days Hours Dec. 3, 1906 Female. White WIDOWED KX DIVORCED pup 10a USUA, OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR 1). BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Housewife INDUSTRY COUNTRY? the attending physician sit permit. Then please Domestic Georgia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Agnes P. Maddox Simon Kennedy 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO 3430- Lorring Drive (Yes, na, at unknown) (If yes give war at dates of service) Norman F. Bishop No Forestville, Maryland crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND OEATH burral-transit IMMEDIATE CAUSE (a) attending physician. DUE TO signed Conditions, if only, which gave rise to immediate cause (a), OUE TO stoting the underlying couse has been last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS PERFORMED? far use Health this certificate NO Page 4 may be retained by the haspital ar 20g ACCIDENT WAS UNDERLYING [205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) OR CONTRIBUTING I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 2Dd INJURY OCCURRED 2De PLACE OF INJURY (Hame, farm, 2Df. (City or town) (County) (State) Hour a.m factory, street, office bldg., etc.) While Not While at work at wark O FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) attended the deceased fram-. 19 4 L. ta , 19 6 4 that (1) (we) last 7/26 17 19 66, and that death accurred at 11,50% fram causes and an the date stated above saw the deceased alive an 22a, SIGNATURE DATE SIGNED 22b. ATTENDING director, page 3 shauld be filed v MO. **OIRECTOR ADORESS** 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION 23b OATE THEREOF 23d. LOCATION (City or Town) REMOVAL (Specify) Burial Suitland, Maryland August 20-66 Cedar Hill Cemetery 25b REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR 2So REC'D BY REGISTRAR Michaeles 1966 immons Bros. 1661- Good Hope RD. SE. Wash.DC

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| 1-4 | MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND | |
|---|--|-------------------|
| _ = %~_/ / | 11713 CERTIFICATE OF DEATH 11708 | |
| 24 hours after death. illed in by the funeral apers. Pages 1 and 2 nor 72 hours after death. | 1. PLACE OF DEATH a. COUNTY Prince George's ARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b C. CITY OR TOWN (if outside corporate limits, write RURAL and give near | Y/ |
| 24 hours a filled in by pagers. Pag | Hyattsville month Takom's Park d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RE | ESIDENCE |
| | larroll Manor 4922 La Salle Kd. | NO K |
| and completely remove carbon p | (Type or print) Sadie Adeline Blanchette OF AUG 19 19 | 'ear 966 |
| a se | 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR FUNDER 1 | s Min. |
| please r | 10a. USUAL OCCUPATION (Cive kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR II. BIRTHPLACE (County & State, or foreign country) 11c. CITIZEN OF WHAT COUNTRY? COUNTRY? Northbridge, Mass 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? COUNTRY? U.S. A. | AT |
| attending physician are mit. Then please room, or removal, and in | 13. FATHER'S NAME Alex Charest 14. MOTHER'S MAIDEN NAME Clara Boulet 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address | |
| the aften t mermit. ation, or | (Yes, no, or unkown) (If yes give war or dates of service) 14-46-6695 Sr. Magdalene Carroll Manor | |
| nsi em | 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) IMMEDIATE CAUSE (a) IMMEDIATE CAUSE (a) | DEATH |
| en sign le buria to buria | Conditions, if any, which gave rise to Immediate cause (a), stating the underlying cause last. DUE TO DUE TO DUE TO OCICLORED O | rash |
| Health prior | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | AUTOPSY ORMED? |
| 50 | PART II. OTHER SICNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS A PERFO YES DO A. ACCIDENT WAS UNDERLYING DO CAUSE OF DEATH OF CONTRIBUTING DOUBLE OF DEATH OF CONTRIBUTING DOUBLE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | [_] |
| be detache State Dept. | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) While p.m. 19 at work at work | (State) |
| s should with the | 21. I certify that (I) (this hospital) attended the deceased from 1946, 19, to 4944, 1966, that (I) saw the deceased alive on 8/18/66 19, and that death occurred at 3 M, from the causes and on the date state 22a. SIGNATURE 22b. DATE SIGNED | |
| 104 | 22c. PHYSICIAN'S NAME (Type) A B. Q UEEN 22d. ADDRESS 7112 WILLOW A W. Takora Pask | Md |
| director, | 23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Concord, N.H. 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. | (State) |
| (4) /65 | Joseph Gawler's Sons, Inc. Wash., D.C. DATE AUG 24 1956 Charles Ju | oge - |

| 1/ R | MARYLAND STATE DEPARTMENT OF HEALTH |
|--|--|
| 1/1/2 | Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND |
| FOR STATE | MEDICAL EXAMINER'S CERTIFICATE OF DEATH |
| HEALTH DEPT. | 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decreased lived, if Institutions Residence before admission) |
| age s. | * COUNTY Prince Georges MARYLAND * STATE Maryland b. COUNTY Charles |
| Head Head | b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) |
| of of | Hyattsville 7 months Bryantown |
| oaro | d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 1 e. IS RESIDENCE ON A FARM? |
| The state of the s | Sacred Heart Home |
| shny stain Stal Heath | 3. NAME OF First Middle Lest 4, DATE Month Dey Yeer DECEASED No. 1 |
| er e | (Type or print) Mary Leila Bowling DEATH August 29 1966 |
| death nd 3 to nay b may b with urs aft | 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Female White WIDOWED DIVORCED 12-21-1891 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Whom the Widowed Divorced 12-21-1891 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. White WIDOWED DIVORCED 12-21-1891 975. |
| fter 5, ai 5, ai hot | 10a. JSUAL OCCUPATION (Give and of work 1 10b. KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (Siete or foreign co v) 112. CITIZEN OF WHAT COUNTRY |
| s 1, s 1, s age 1 are 1 are 1 are 1 | done during most of working [fe, even fretired] Houselvork Domestic Bryantown, Maryland USA |
| of South | 13 FATHER'S NAME 14 MOTHER'S MA DEN NAME |
| 22 × 6 × 8 | Harry R. Bowling Margaret S. McPherson |
| 10000000 | 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 116. SOCIAL SECURITY NO. 17. SINGLET Gertraud Address Sacred Heart Home |
| が発音を | NO 217-36-5699 Sister Gertraud Hyatt sville, I'd. |
| in a serie | 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY: ONSEY AND DEATH |
| cil in alon rans | IMMEDIATE CAUSE (6) Metalate Carringina |
| d ben pen ice ; ial-ti | 1810 DUE TO |
| Po Po | Cond lions, if any, which (b) Carcinon of urmany Madden |
| fe stand | (e), stelling the underlying DUETO |
| fica minimin sed | Course lest. (c) |
| atio de ation de atio | PERFORMED? |
| his lical ld k | YES NO 4 |
| The Alecs | 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Port I or Pen II of item 18.) PRIMARY or CONTRIBUTING CAUSE OF DEATH. |
| INE fing prief buri | |
| AM Pag to | 20c, TIME OF INJURY Month, Day, Y or 20d, INJURY OCCURRED 20s. PLACE OF INJURY (Home, ferm, 20f. (Chy or lown) (County) (State) Hour e.m. 19 bit work bit w |
| EX cate, o th o prior | 21 I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion |
| E G B T | death resulted from Natural causes A Accident , Suicide , Homicide , Undetermined manner |
| DIRE od ege | CHIEF MEDICAL EXAMINER TO STATE OF THE STATE |
| In forward of the desired of the des | SIGNATURE AND ASSISTANT MEDICAL EXAMINER DATE SIGNED |
| UTY IV Exacuta be for IERAL esignate | EXAMINER'S DADICAL EXAM NER 3500 Cant - Want Highing |
| | NAME Type DUNALD (DOGAEN Address (Street city town, or county) Atypitable, find, |
| D S to Fr | PANOVAL (Specify) E 3 - 66 E - Man 15 C |
| 5 5 4 5 g | 23. FUNERAL DIRECTOR ADDRESS , 240 REC'D BY REGISTRAR'S SIGNATURE |
| VS. AISME | LI H F CII WILLIAM MAN CED 2 1000 Minute Oute |
| 5M 9 60 | Hours one of tom of the Date of a 1300 for the day |



| | Items 10821 Film 381 10-1 MARYLAND STATE DEPARTMENT OF HEALTH | |
|--|--|-------------------------------------|
| | Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120 | 1 |
| FOR STATE | 11715 MEDICAL EXAMINER'S CERTIFICATE OF DEATH | 710 |
| HEALIH DEM. | 1 PLACE OF DEATH 0. COUNTY 2 USUAL RESIDENCE (Where deceosed lived, f institut on: Residence o. STATE b. COUNTY | before adm ssion) |
| 96 o 5 is | Prince George Is MARYLAND Maryland Prince Go | proeis v |
| delay and 3 M3. Po rtment | b CITY OR TOWN (If outside carporate m.ts, write RURAL and give nearest tawn) C LENGTH-OF STAY N 1b - C CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) | eorest town) |
| Zi, and 3 to PM3. Page spartment fi | Reltsville I month Boltsville | |
| De De STA | d NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street address) d. STREET ADDRESS | e S RESIDENCE ON A FARM? |
| eath If City delay Pages 1, 2, and 3 ith form PM3. Po Stote Department 2 hours after dea | 4405 Romlon Street, Apt. 202 4405 Romlon Street, Apt 202 | YES NO 🗙 |
| dea with | 3 NAME OF First Middle Lost 4 DATE Month OF | Day Year |
| ofter dollar of olong voluments of within | (Type or print) JOSEPH NELSON BOYD DEATH S SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF B RTH 9 AGE (In years F-UNDER 1 Y | 18 19 66 EAR IF UNDER 24 HRS |
| 9 8 8 | ost buthdoy) Months D | oys Hours Min |
| hours ofter death tem 18. Give Page Office olong with t and 2 with the Stot event within 72 ho | 100 LSUAL OCCUPAT ON (Give kind of work done 10b K ND OF BUSINESS OR 11 B RTHP1&CF (Stote or foreign pountry) 112 (TUZ) | EN OF WHAT |
| thin 24 hours encil in Item 18 miner's Office o pages Land'2 v | during most of working life even fret red) Statestican UI S. Gov't Texas | |
| in Z | 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME | . D. |
| I with n pen Exami File p ond it | John T. Boyd Pallie Lelson | |
| 8 1 - 1 | 15 WAS DECEASED EVER IN U.S. ARMED FORCES? [Yes, no, or unknown) [(If yes give wor or dates of service)] 16 SOCIAL SECURITY NO 17 INFORMANT 916 Wilten | 120 |
| ecut ing' ing' erm ova | Lies I VW 11 456 262 315 Mick G Villiems San Antion | o Texas |
| ote should be executed the word "pending" is to the Chief Medical o burial-transit perm t. cremation, or removal. | 18 CAUSE OF DEATH (Enter only one couse per ne for (a), (b), and (c)) | INTERVAL BETWEEN ONSET AND DEATH |
| d be d 'p Chie Chie | IMMEDIATE CALSE (o) TILLY 61 TALLIAL 6 | CHOCK AND DEATH |
| ould work the the tial-t | Od / DUE TO Conditions, if ony, which gove) (b) Acute and chronic alcoholism | |
| to the bur | rise to immediate couse (a) | |
| icote ng th Jed 1 ss o , crei | stoting the underlying couse (c) | |
| his certifica ate, writing e forwarde be used os to burial, c | PART I OTHER SIGNIFICANT CONDITIONS CONTROL TAC TO REATH 9: I NOT DELATED TO THE TERMINAL DISEASE CONDITION OF USE IN PART 163 | 19 WAS ALTOPSY PERFORMED? |
| for for so bi | 200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE WAS CAUSE OF DEATH 200 EXTERNAL CAUSE WAS CAUSE OF DEATH 201 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 1 of Item 18.) | YES IK NO |
| AMINER: This the certificate, at should be four files. ge 3 should be agent, prior to | 200 EXTERNAL CAUSE WAS 200 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 1 of item 18.) | |
| INER: The certification is should be files. 3 should int, prior | CAUSE OF DEATH. | |
| AIN he he I sh | 20c TIME OF INJURY Month, Doy, Year 20d IN.URY OCCURRED 20e PLACE OF NJURY (Home, form, Hour orm 10 While Not While foctory street, office bidg, etc.) | y) (Stote) |
| XAA the tige 4 ge 4 your | pm 17 of work L of work L | |
| HECTAL EXAMINER: pose execute the certificator Poge 4 should anned for your files. IRECTOR: Poge 3 should esignoted agent, principle. | 21 I certify that I fook charge of the remains described above, held an Autapsy [3], Inspection [3], Inquiry [3], | and in my opinior |
| ctor ctor sign | death resulted from: Natural causes 🗵, Accident 🔲, Suicide 🔲, Homicide 🔲, Undetermined manner 🗍 | |
| MEDIa please directi etaine DIREC | ACTUAL CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER PARTY MEDICAL EXAMINER PROPERTY MEDICAL EXAMINER PROP | 22. DATE SIGNED |
| TY Y, p indle indle indle | SIGNATURE | |
| EPU Ssar fune ay b NER th o | EXAMINER'S NAME (Type) John Kehoe, M.D. Riverdale, Md. Address (Street, city, town, or county) | 8-19-66 |
| TO DEPUTY MEDICAL EXAM necessary, please execute the the funeral director Page 4.5 may be retained for your TO FUNERAL DIRECTOR: Page Health or its designoted age | 230 BURIAL CREMATION 1 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) (Co | ounty) (Stote) |
| 22 | BUT 1 2 22, 1966 Roselawn Cemetery San Antonio T 24. FUNERAL DIRECTOR ADDRESS 250 REC. D BY REG. STRAR 256 REGISTRAR'S SIGN | exac |
| VR ATSME (5) | 24. FUNERAL DIRECTOR ADDRESS 250 REG STRAR 25b REGISTRAR S SIGN | ATURE |
| 6M 1/66 | W. W. Chambers, Riverdale, Md. DATAUG 22 1965 goldenle | y Judge |

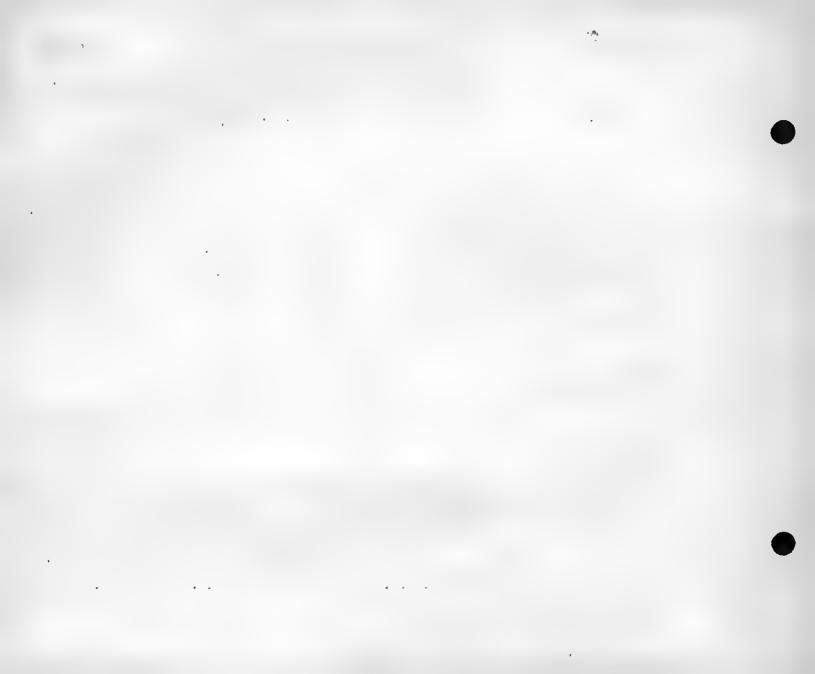


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: desirence a. COUNTY a. STATMarvland b. CONTince Georges been signed by the attending physician and completely filled in by the state burial transit permit. Then please remove carbon papers. Pages, 1 the burial, cremation, or removal, and in ary event, within 72 hours after Prince Georges after MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b Greenbelt 7 hr Cheverly d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? Rd. Green Knoll Prince Georges General Hospital NO X executed within Month Middle Last 4. DATE Year DECEASED 19 66 17 Rita М Bovd Aug. . (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED XX NEVER MARRIED DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS last birthday) Months | Days Hours White 4.9 WIDOWED | DIVORCED T 18 Oct., 1916 Female 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or fereign country) 12. CITIZEN OF WHAT that the death certificate be COUNTRY? Pa USA Libririan 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Owen Flaherity Mary Cawley 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes. no, or unkown) | (Efyes give war or dates of service) John J Boyd Greenbelt, Md. no 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), 3 INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Congestive Heart Failure PHYSICIAN: The law requires that ti the hospital or attending physician. (b) Calcific Aortic and Mitral valve stenosis Conditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the as th (c) Chronic Rheumatic Heart Disease underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? Coronary arteriosclerosis YES X NO ! this cerum detached for 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) D FUNERAL DIRECTOR: After this ce director, page 3 should be detache should be filed with the State Dept. MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While OR ATTENDING P be retained by t Not While at work 21. I certify that (I) (this hospital) attended the deceased from Free. 1966 1966 and that death occurred at 3.00MAtom the causes and on the date stated above. saw the deceased alive on. 22a_SHONATURE 22b. DATE SIGNED ATTENDING X PHYS. DIRECTOR PHYS. M.D. 4 may 22c. PHYSICIAN'S 22d. ADDRESS NAME (Tym) Dr. T. Bergamann M.D DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. REMOVAL (Specify) 2 Cathedral Cemetery Scranton Palackawanna co. Aug 20, 1966 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR I ocharles 1966 F. Gasch's Sons Hvattsville, Md. VR A15 (4) 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death. haurs after death and campletely filled in by the funeral remove carbon papers. Pages I and n any even , within 12 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) I PLACE OF DEATH a. COUNTY a STATE **B. COLINTY** Prince Georges MARYLAND b CITY OR TOWN (If autside carparate I mits. CLENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give negrest tawn) write RURAL and give nearest tawn) 1 mo. 11 days Washington, D.C. Glenn Dale (rural) d. STREET ADDRESS S RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) ON A FARM? 4912 Nash St., N.E. Glenn Dale Hospital Apt. 2 YES 🗍 NO X NAME OF Middle Last 4 DATE Day Year DECEASED 24 66 Brooks 19 (Type or print) Marv August DEATH ar remaval, and in any event AGE (n years F UNDER 1 YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE B. DATE OF BIRTH 7 MARRIED NEVER MARRIED lost birthday) Manths Days Hours WIDOWED DIVORCED Feb. 1910 10o JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) physician (**COUNTRY?** INDUSTRY USA Housewife W. Va. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sarah Evans unknown 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service) Decedent no cremation, 1B. CAUSE OF DEATH (Enter only one cause per time for (o), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Recurrent cerebrovascular accidents with bilaterial marked encephalomalacia Page 4 may be retained by the hospital at attending physician.

O FUNERAL DIRECTOR: After this certificate has been signed by burial, Cerebral arteriosclerosis unknown Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause as the (c) Generalized arteriosclerosis unknown last. 19 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) use Health r Acute hemogrhagic pyelitis; chronic pyelonephritis YES W NO far 205 DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20d ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH detached for the Dept. of h be detached State Dept. a (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, form, (City or town) (County) (Stote) 20c TIME OF INJURY Month, Day, Year factory, street, affice blda., etc.) Not While at work at work OR ATTENDIN 8/24/ 1966, that (we) last 19 66, ta 21. I certify that (A) (this haspital) attended the deceased fram. 7/13/ 3 should 8/24/ 19 66, and that death occurred at 1 - 30 AM from causes and an the date stated above saw the deceased alive an. 22b DATE SIGNED 22a. SIGNATURE STAFF PHYS. 8/24/66 |X|DIRECTOR M.D. PHYS director, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Glenn Dale Hospital, Glenn Dale , Md Moe Weiss, M.D. 230 BURIAL, CREMATION, REMOVAL (Specify) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATOR' 23d LOCATION (City or Town) (County) (Stote) Woodlawn (em Washington 25b. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) AUG 1966 Ochania 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH-2. USUAL RESIDENCE (Where-deceased lived, If Institution; Residence before admission) b. COHNTY a. STATE tetely filled in by the further papers. Pages 1 a within 72 hours after o hours after MARYLAND b. CITY OR TOWN (if outside corporate limits. (If outside corporate limits, write RURAL and give nearest bown) KENGTH OF STAY IN 1b c. CITY OR TOWN write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NO C YES and completely remove carbon p executed within Month NAME OF FIrst Middle Last 4. DATE Day Year DECEASED DF event, (Type or print) DEATH ELIZABETH BROWN AGE (In years of UNDER 1 YEAR last birthday) Months | Days 5. SEX 6. COLOR OR RACE DATE OF BIRTH FUNDER 24 HRS 7. MARRIED NEVER MARRIED physician and can please removes Hours WIDOWED N DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)/ 10b. KIND OF BUSINESS OR 11_BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT INDUSTRY COUNTRY? certificate TO FUNERAL DIRECTOR: After this certificate has been signed by the aftending phy director, page 3 should be detached for use as the burial-transit permit. Then pl should be filed with the State Dept. of Health prior to burial, cremation, or removal, 13. FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMEO FORCES? 16_80CIAL SECURITY NO. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service) The law requires that the death INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] ONSET AND DEATH PART I. DEATH WAS CAUSEO BY: IMMEDIATE CAUSE (a) the hospital or attending physician. OUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. CERTIFICATION WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT PELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES [NO 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) MEDICAL TIME OF INJURY Month, Oay, Year 20e. PLACE OF INJURY (Home, farm,) 20f. (City or town) (County) (State) 20d, INJURY OCCURRED factory, street, office bldg., etc.) Hour a.m. While Not While be retained by at work at work 21. I certify that (I) (this hospita)) attended the deceased from and that death occurred at5 M, from the causes and on the date stated above. saw the deceased alive on 22a, SIGNATU 22b. DATE SIGNEO ATTENDING PHYS. DIRECTOR M.D. PHYS Page 4 may 22c. PHYSICIAN'S NAME (Type) 22d. ADDRES! LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. DATE NAME OF CEMETERY OR CREMATORY 23d. 23a. NEMOVAL (Specify) **FUNERAL DIRECTOR** ADDRESS 25a. REC'D BY 25b. REGISTRAR'S SIGNATUR 966 AUG 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH land completely filled in by the funeral remove carbon papers. Pages 1 and 2 in ony event, within 72 hours after death. 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH Prince George's MARYLAND requires that the death certificate be executed within 24 hours after b CITY OR TOWN (If outs de corparate limits, write RURAL and give nearest town)

Cheverly c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) 1 day Miamia d STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not a hospital, give street address) e IS RESIDENCE ON A FARM? Prince George's General Hospital 3450 Northwest 79th St. YES NO be 3. NAME OF DECEASED (Type or print) Middle Last 4. DATE Manth OF DEATH William H Bruner August 19 66 S. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7. MARRIED 52 B. DATE OF BIRTH NEVER MARRIED last birthday) Manths WIDOWED | White DIVORCED May 16, 1900 Male 10a JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT Ket Expediter Pan Am Airlines COUNTRY? Johnson City. Tenn . 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME cremation, or removo Robert E. Bruner Beatrice Crowder 2812 Federal Ave 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, no or unknown) (If yes give war ar dates of service) signed by the attend buriol-tronsit permit 415-10-8762 Mrs. Alice T. Bruner. Bowie. Maryland 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stoting the underlying couse os the O FUNERAL DIRECTOR: After this certificate hos been PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) WAS AUTOPSY PERFORMED? NO 3/30 20g. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part II of item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (County) (State) factory, street, office bldg., etc.) Not While at work at work 21 I certify that (1) (this haspital) attended the deceased fram JULY 31 , 1966, to AUCUST / , 1966, that (1) (we) last saw the deceased alive an July 31 1966, and that death accurred at 12:25M, fram causes and an the date stated above 22a. SIGNATURE 22b. DATE SIGNED STAFF PHYS. DIRECTOR 22d, ADDRESS 22c. PHYSICIAN'S NAME (Type) FIDEL J. QUINTANA 8313 DRAPER LA. 164' SILVER SPRING, MI 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BUR AL, CREMATION, 23b DATE THEREOF (County) (Stote) CHOYM APTON Aug. 2, 1966 Ft. Lincoln Cemetery, Washington D. C. 24 FUNERAL DIRECTOR ADDRESS 25g REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Harold S. Wade, 550 Wash. Blvd., Laurel, Maryland Melanley 1966

| - (| MARYLAND STATE DEPARTMENT OF HEALTH |
|---|--|
| 1 (N | Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 |
| FOR STATE | 11721 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 11716 |
| HEALTH (HEPT.) | PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed _ved, if _nstitution Residence before odmission) 0. STATE b. COUNTY |
| delay is ond 3 to M3. Page tment or | Prince George's Maryland Prince George's |
| delay ond 3 M3. Pa trment er deat | b. CITY OR TOWN (If outside corporate Limits, write RURAL and give nearest town) write RURAL and give nearest town) |
| cry dela 2, and n PM3. nepartme | Cheverly DOA Greenbelt |
| | d NAME OF HOSPITAL OR NSTITUTION (If not in hospital, give street address) |
| fo fo | Prince George General Hospital 26 Westway YES NO X |
| Po Po Vitt | 3 NAME OF First Middle Lost 4. DATE Month Doy Year DECEASED OF |
| 8. Give along v | (Type of print) Thomas Patrick Bryant DEATH 8 11 1966 |
| \$ 8 \ E 8 \ | last birthdoy) Months Doys Hours Min. |
| hours Item 1 Office I and 7 | Male White WIDOWED 1 DIVORCED 120 July 1966 vis 1 2 / 100 USUAL OCCUPATION (Give kind of work done 100 K ND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT |
| | during most of working life, even if retired) INDUSTRY. Pro Geo County Md UCOUNTRY? |
| hin 24 ncil in niner s poges l in ony | 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME |
| d e or | John Bryant Noreen Schultz |
| ed v | 1S WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT — Address [Yes, no, or unknown] [(If yes give wor or dates of service)] |
| executed nding" i Medical permit provol, | no None John Bryan - Same # 2 |
| be executed "pending" in hief Medical E ansit permit f mr removol, m | 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN ONICE AND DEATH |
| should be to word "per o the Chief buriol-tronsit motion, ar re | IMMEDIATE CAUSE (a) ACULE nemorrhagic interstitial pneumonitis. |
| should ne word o the C buriol-tr | Conditions, if ony, which gove) (b) |
| te st the if to o bu | rise to immediate couse (o). Stoting the underlying couse (DUE 10 |
| hrot ing ded as a 1, cr | lost. (4) |
| s certificate should be executed by writing the word "pending" is farwarded to the Chief Medical used as a burial-transit permit burial, cremation, ar removal. | PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? |
| 1 | YES 🔀 NO 🗀 |
| <u> </u> | PERFORMED? YES 3 NO PERFORMED? |
| = 0 × + × E | 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, Hour o.m. 20f (City or lown) (County) (State) |
| EXAM ute th age 4 your Poge of age | p in 17 of work 🗀 of work |
| lebrida Ex ease executive pogretor. Pogretor pogretor pogretor y oined for y (RECTOR: Pogretor designated | 21. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry and in my opinion |
| Sign Ed. | deoth resulted from: Notural couses, Ac dent , Suicide , Homicide , Undetermined monner |
| MEDICA please ex director. retoined i | ACTUAL SIGNATURE ACTUAL SIGNATURE ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER 22. DATE SIGNED |
| UTY N Iny, pla | DEPUTY MEDICAL EXAMINER X |
| o DEPUTY MEDICAL E necessary, please exect the funeral director. Po 5 may be retained for 5 FUNERAL DIRECTOR: Tealth In its designate | EXAMINER'S NAME (Type) John Mehoe, M.D. Riverdale, Md. Address (Street, city, town, or county) 8-12-66 |
| O D D The the the S m S m | 230 DURNAL (REMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CE |
| 2 | Buxing / Aver/3:1966 Gale of Have y Dilver Spring, MON, Wa |
| VR A15ME (5) | 24 FUNERA DIRECTOR 250 REGISTRAR'S 5 GOATURE AUG 16 1966 250 REGISTRAR'S 5 GOATURE |
| 6M 1766 | /. Clasch's DONS, Hualisullegivie, DATE |

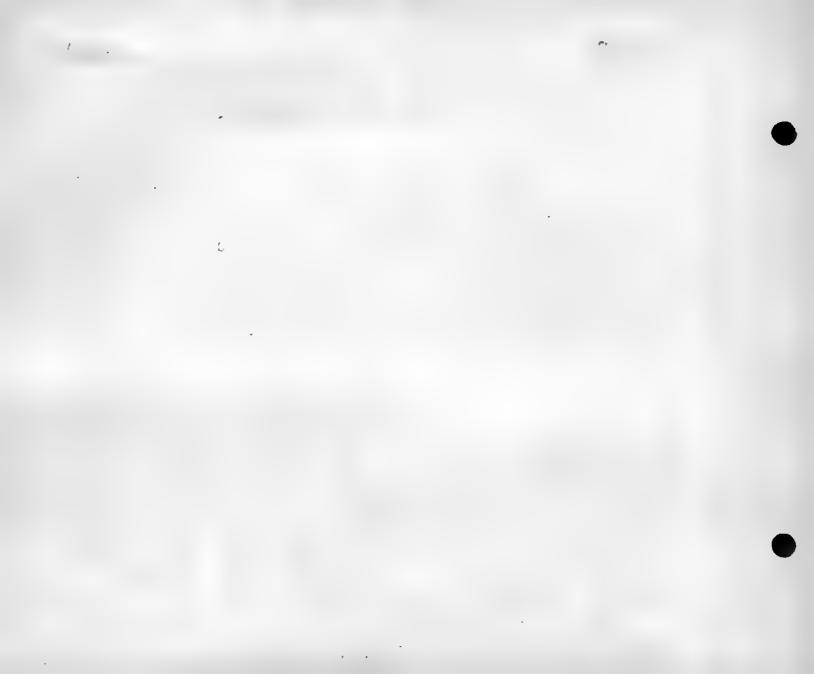
. ς.

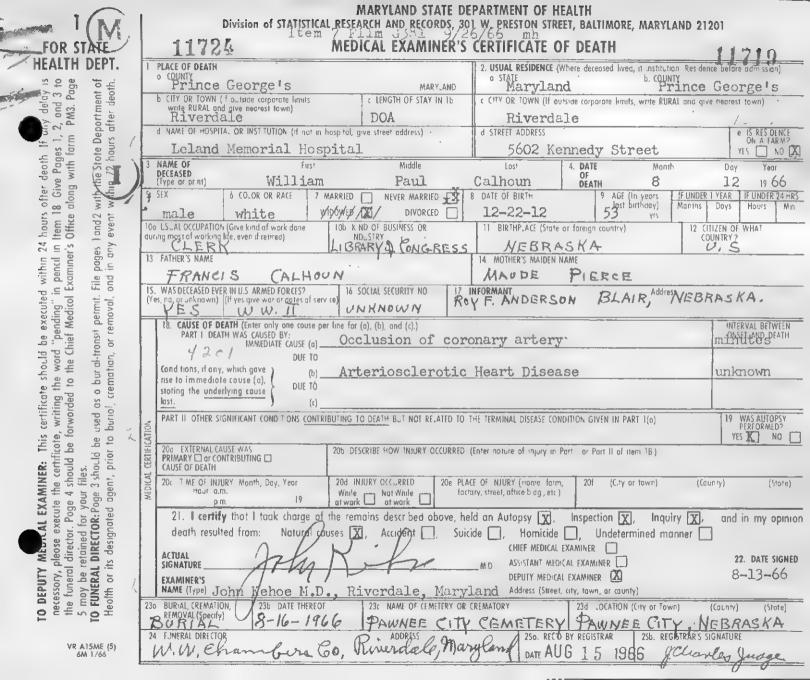
| 1 | MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY | YLAND |
|-------------------|--|---|
| and 2 r death. | 11722 CERTIFICATE OF DEATH | 717 |
| | 1. PLACE OF DEATH PURPLE OF DEATH PURPLE OF DEATH PURPLE OF DEATH PURPLE OF DEATH A. STATE b. COUNTY A. STATE b. COUNTY A. STATE b. COUNTY A. STATE A. STATE A. STATE B. COUNTY A. STATE A. STATE B. COUNTY A. STATE A. STATE B. COUNTY B. CO | nce before admission, |
| ours aft | b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Riverdale c. LENGTH OF STAY IN 1b Hyattsville | give nearest (own) |
| ス | d. NAME OF HÖSPITAL OR INSTITUTION (if not In hospital, give street address) C. STREET ADDRESS 4507 Buchanan Street | 0. IS RESIDENCE ON A FARM? YES NO A |
| | (type or print) Death | 20 19 66 |
| | 5. SEX Male 6. COLOR OR RACE 7. MARRIEO NEVER MARRIEO 8. DATE OF BIRTH Months Days Months Days Months Days | s Hours Min. |
| | 10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KINO OF BUSINESS OR INDUSTRY INDUSTRY Kentucky 11. BIRTHPLACE (County & State, or foreign country) Kentucky | N OF WHAT |
| | Bush. James Bibbs, Martha | |
| | Bush James 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no., or unknown) (If yes give war or dates of service) 578 469252 NATTIE LEE BUSH Address SAMIE | ASAZ |
| | 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) GEN. ARTERIOSCI | TERVAL BETWEEN NSET AND OEATH |
| | Conditions, If any, which) OUE TO TO TO THE TOTAL OUT TO | |
| | gave rise to immediate cause (a), stating the underlying cause last. | |
| | The state of the s | 9. WAS AUTOPSY PERFORMEO? YES NO V |
| | | |
| | 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) Bour a.m. While at work at work at work | (State) |
| | 21. I certify that (I) (this hospital attended the deceased from 2 - 21, 1964, to 8 - 20, 1966, saw the deceased alive on 1966, and that death occurred at 10 20 AM, from the causes and on the deceased alive on 1966, and that death occurred at 10 20 AM, from the causes and on the deceased alive on 1966, and that death occurred at 10 20 AM, from the causes and on the deceased from 2 - 21, 1964, to 8 - 20 AM, from the causes and on the deceased from 2 - 21, 1964, to 8 - 20 AM, from the causes and on the deceased from 2 - 21, 1964, to 8 - 20 AM, from the causes and on the deceased from 2 - 21, 1964, to 8 - 20 AM, from the causes and on the deceased from 2 - 21, 1964, to 8 - 20 AM, from the causes and on the deceased from 2 - 21, 1964, to 8 - 20 AM, from the causes and on the deceased from 2 - 21, 1964, to 8 - 20 AM, from the causes and on the deceased from 2 - 21, 1964, to 8 - 20 AM, from the causes and on the deceased from 2 - 21, 1964, to 8 - 20 AM, from the causes and on the deceased from 2 - 21, 1964, to 8 - 20 AM, from the causes and on the deceased from 2 - 21, 1964, to 8 - 20 AM, from the causes and on the deceased from 2 - 21, 1964, to 8 - 20 AM, from the causes and on the deceased from 2 - 21, 1964, to 8 - 20 AM, from the causes and the deceased from 2 - 21, 1964, to 8 - 20 AM, from the causes and the deceased from 2 - 21, 1964, to 8 - 20 AM, from the causes and the deceased from 2 - 21, 1964, to 8 - 20 AM, from the causes and the deceased from 2 - 21, 1964, to 8 - 20 AM, from the causes and the deceased from 2 - 21, 1964, to 8 - 20 AM, from the causes and 1 - 20 AM, from the caus | |
| | 22a. SIGNATURE M.D. ATTENDING MEO. STAFF PHYS. 22b. DATE: | -0-66 |
| 1 | 1,00.01,01 | nD. |
| | BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY BLADENSBURG, M | D |
| B | W. W. Chambers 60 Riverdale, Md. 25a. REC'O BY REGISTRAR 25b. REGISTRAR'S SIGN. W. W. Chambers 60 Riverdale, Md. 0 ATE AUG 2 3 1966 golden | GRATUKE |
| 13 | | 0 |



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH campletely filled in by the funeral 100c carbon papers. Pages 1 and 2 by event, which 72 haurs after death. The law requires that the death certificate be executed within 24 haurs after death 2 USUAL RESIDENCE (Where deceosed lived, if institution. Residence before admission) PLACE OF DEATH o. STATE **b.** COUNTY o. COUNTY Prince Georges MARYLAND c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 1b Glenn Dale (rural) 7 mos., 20 dys Washington d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) B IS RESIDENCE ON A FARM? d STREET ADDRESS YES NO 50 No fixed address Glenn Dale Hospital NAME OF Lost 4 DATE Month Year ent, wir DECEASED Bennie Alfred DEATH August 1966 (Type or print) Bynum AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED. 8 DATE OF BIRTH SEX 6. COLOR OR RACE 7 MARRIED attending physician and camp permit. Then please remove lost birthday) burial, crematian, ar remaval, and in any ey separated Months Dovs Hours WIDOWED 3/5/1914 Male Negro

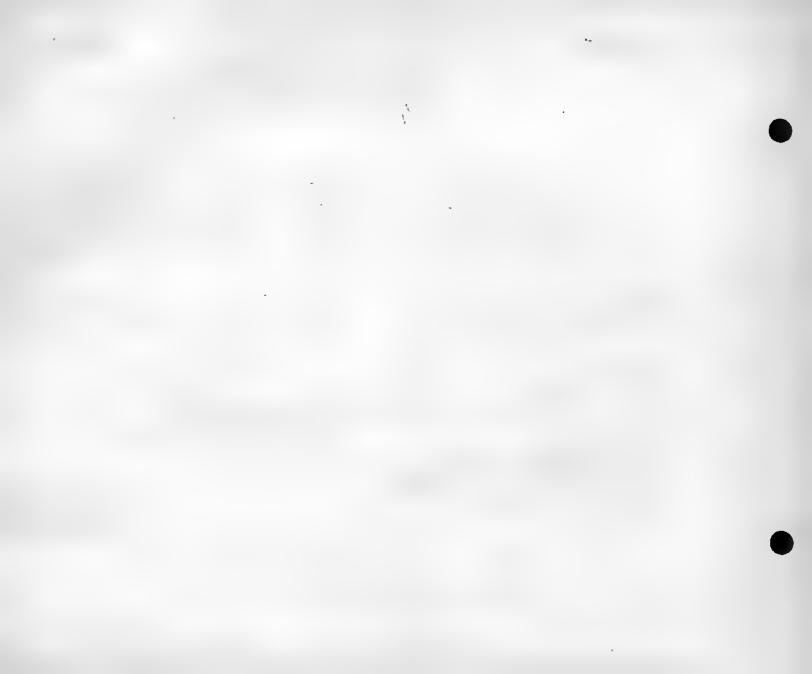
100 USUAL OCCUPATION (G ve kind of work done 12 OF ZEN OF WHAT KIND OF BUSINESS OR Golf 11 BIRTHPLACE (County & Stote, or foreign country) COUNTRY? during most of working life, even if retired) & Country Club Ashville, N. C. USA Caddy 14 MOTHER'S MAIDEN NAME 13 FATHER S NAME Myra McDonald Joe Bynum 15 WAS DECEASED EVER IN US ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) 1940-1944 578-01-8829 Decedent ves 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (o)
Pulmonary tuberculosis, far advanced INTERVAL BETWEEN signed by the burnal-transit p 20NSHOWDEREN Page 4 may be retained by the hospital or attending physician. DUE TO Conditions, if any, which gave (b) rise to immediate couse (a), DUE TO far use as the t f Health priar to b stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY PEREORMED? YES PC NO 20o. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of Item 18) OR CONTRIBUTING CAUSE OF DEATH 3 should be detached with the State Dept. of (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) (County) (Stote) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg , etc.) Not While of work ot work ended the deceased fram 12/22 1855 to 8/14 19.66, that (*) (we) lost 19.66, and that death occurred a M, fram causes and on the date stated above. 21. I certify thota(1) (this hospital) attended the deceased fram 12/22 sow the deceased alive on 8/14 22b. DATE SIGNED 22o. SIGNATURE STAFF PHYS. **ATTENDING** 8/14/1966 M.D DIRECTOR 22d. ADDRESS Glenn Dale Hospital 22c. PHYSICIAN S NAME (Type) Glenn Dale, Maryland Moe Weiss, M. D 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (Eity or Town) 23b. DATE THEREOF (County) (Stote) 230 BURIAL, CREMATION, REMOVAL (Specify) 8-17-66 Arlington National Cemetery Arlington, Virginia 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR ADDRESS 12th Street, NE 25 A REG BY REGISTRAR 1956 VR A15 (4) John T. Funeral Rhines Company Washington, D. C. 20 M 1/66



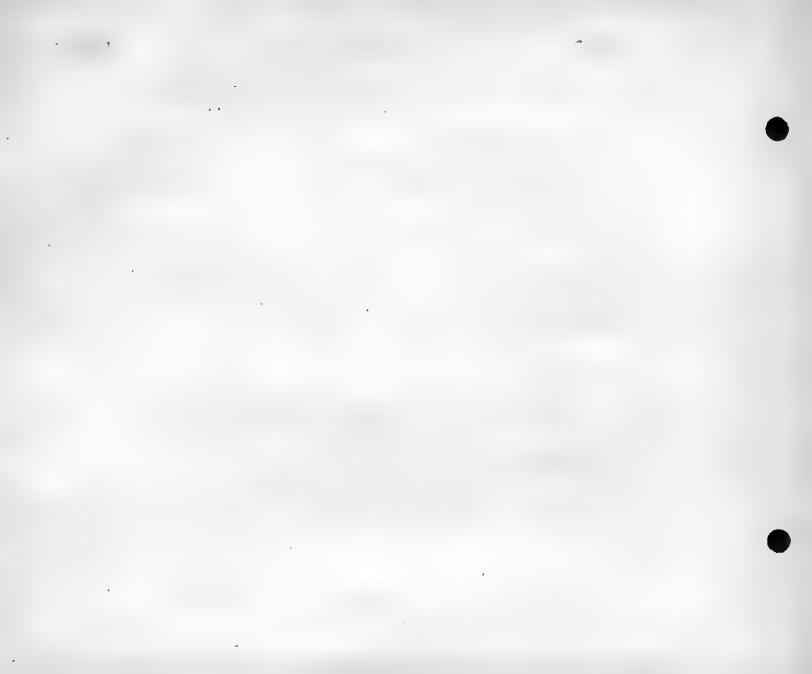




MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death. 2 USUAL RESIDENCE (Where declared lived, if institution Residence before admission certificate be executed within 24 haurs after death and campletely filled in by the funeral remaye carban papers. Pages 1 and PLACE OF DEATH o. COUNTY ve carbán papers. Pages tevent, within 72 hours after CENGTH QESTAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) CITY OR TOWN (If outside corporate limits write RURAL and give negrest town) d NAME OF HOSBITAD OR INSTITUTION () not in hospital, give street address: d STREET ADDRESS IS RESIDENCE ON A FARM? YES 🗍 NO CS 3 NAME OF Lost 4 DATE Year Day OF DEATH DECEASED (Type or print) amost. S SEX JEAUNDER 1 YEAR IF UNDER 24 FIRS 6 COLOR OR RACE NEVER MARRIED AGE (In years Manths lost birthday) Days Hours DIVORCED and in any WIDOWED 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT COUNTRY during most of working ife, even if retired) Churcitel2 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME crematian, ar removal, 16. SOCIAL SECURITY NO WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT requires that the death (Yes no, or unknown) (If yes give war or dates of service CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)
PART 1 DEATH WAS CAUSED BY INTERVAL BETWEE! burial-transit CONSET AND DEAT IMMEDIATE CAUSE (a) DUE TO signed t Conditions, if any, which gave rise to immediate cause (a), DUE TO as the priar to b stating the underlying couse Page 4 may be retained by the haspital or attending IO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the last. 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART !{a} ed far use of Health p NO YES -20a ACCIDENT WAS UNDERLYING 205 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER: director, page 3 should be detache should be filed with the State Dept. 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour o.m. factory, street, office bldg , etc.) While Nat While at wark at work 21. I certify that (I) (this haspital) attended the deceased fram X-18 /2. to 8 1966, and that death accurred at 2.35M, fram causes and an the date stated above. saw the deceased alive an 220 SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. M.D. DIRECTOR PHYS 22d ADDRESS 22c PHYSICIAN O HOSPITAL NAME (Type) NAME OF CEMETERY OR XEENATORS 23d LOCATION (City or Tawn) 23g BURIAL CREMATION 23b DATE THEREOF Concord, Massachusetts REMOVAL (Specify) Sent 3, 1966 Sleeply Hollow 25a. REC'D BY REGISTRAR 2Sb REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR lianles VR A15 (4) 20 M 1/66 Gasch's Sons Hyattsville, Md. AUG DATE



| 1 . 1 | MARYLAND STATE D Division of STATISTICAL RESEARCH AND RECORDS, 30 | EPARTMENT OF HEALTH 01 W. PRESTON STREET, BALTIMORE, MARYLAND 21 | 1201 |
|--|---|--|--|
| N. M. | 11725 CERTIFICAT | E OF DEATH | 1721 |
| hours after death. In by the funeral rs. Pages 1 and 2 thours after death. | PRINCE GEORGE'S b CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) ANDREWS AFB 18 Min | 2. USUAL RESIDENCE (Where deceosed lived, if institution: Reside o. STATE DISTRICT OF COLUMBIA COLUMBIA COLUMBIA WASHINGTON | |
| cuted within 24 haurs ampletely filled in by ve carban papers. Po event, within 72 hours | d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) USAF HOSPITAL ANDREWS 3 NAME OF First Middle | d STREET ADDRESS 3324 13th Street S. E | e IS RESIDENCE ON A FARM? YES NO 2 |
| be executed within an campletely for remave carbanin any event, with | DECEASED (Type or print) MICHELL LYNN | 28 AUG 66 last birthday) Manths 11. BIRTHPLACE (County & State, or foreign country) 12. 0 | CITIZEN OF WHAT |
| eath certificate be exempled to the complete property of the please remained to the complete provided to the complete pro | during most of working life, even if retired) NA INDUSTRY NA 13. FATHER'S NAME JOHN THOMPSON CARR | PRINCE GEORGE'S, MD. 14. MOTHER'S MAIDEN NAME CLEOLA (NMN) PRYC | OR U.S. |
| the death of the attending of permits of cean | (Yes, no, or unknown) (If yes give war ar dates of service) NO NA None F 18. CAUSE OF DEATH (Enter on y one cause per line for (a), (b), and (c)) PART 1 DEATH WAS CAUSED BY | Address Cather Same as # 2 SUFFICIENCY | INTERVAL BETWEEN ONSET AND DEATH |
| ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. etained by the haspital or attending physician. CTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be detached for use as the burial, cremation, occarban, and in any event, within 72 hours attact death. | Conditions, if ony, which gave rise to immediate cause (a), stating the underlying couse lost. DUE TO (b) DUE TO (c) | | 18 MIN |
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| OR DIRE | 220, SIGNATURE | ATTENDING XX MED STAFF 22b. | DATE SIGNED 8 AUG 66 IDREWS |
| TO HOSPITAL Foge 4 may 70 FUNERAL 1 director, pog 87(1) should be file | 230 BURIAL CREMATION, REMOVAL (Specify) 24 FUNERAL DIRECTOR 24 FUNERAL DIRECTOR ADDRESS REMOVAL (Specify) CT ADDRESS | 23d. LOCATION (City or Town) VASHINGTON, D.C. 25d. REC'D BY REGISTRAR 25b. REGISTRAR'S | (County) (State) |
| | 205111 | | |

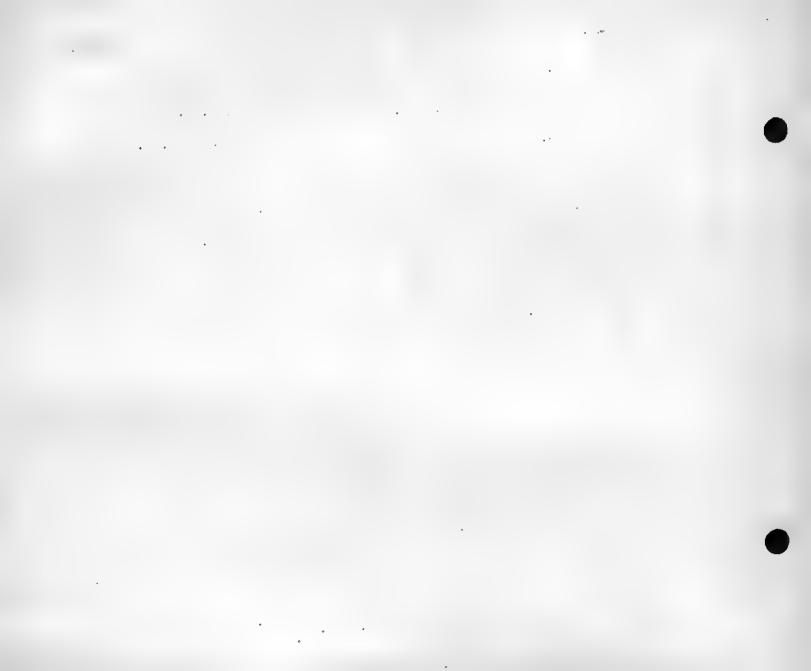


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death by the funeral Pages 1 and lease remave carban papers. Pages I and and in any event, within 72 hours after deaff PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if Institution: Residence before o. COUNTYPrince George's b (OUNTYPrince George's o. STATE Maryland MARYLAND b. CITY OR TOWN (If autside corporate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) Chevery and give negrest town) Hyattsville 1 month d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? filled Prince George's Gamaral Hospital 7003 Chansory Lane NO 3 NAME OF Middle 4 DATE Fish Manth Year completely DECEASED Mary Chanev Aug. 6 E. 66 (Type or print) DEATH 9 AGE (In years S SEX 6. COLOR OR RACE B DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS 7 MARRIED **NEVER MARRIED** iost birthday) Manths Haurs April 14, 1894 Female Cauc. WIDOWED DIVORCED 10a JSJAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired). own home COUNTRY Chicago Illinois 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, crematica, ar removal William B White Mary Dunn IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address attendi permit. (Yes, no, or unknown) (If yes give war or dates of service James A Chaney Hyattsville, Md. INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: signed by the burial-transit p When MIA IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. DUE TO chronic Nephritis 6 MOS. Canditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar to 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS, CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) SEVERE 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of ifem 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) (State) While Nat While factory, street, affice bldg, etc.) at wark at wark 21. I certify that (1) (this hospital) attended the deceased from June 863, to_8_6____, 1966_, that (1) (we) lost 19 66 and that death accurred at ____M, from causes and on the date stated above. saw the deceased alive an 22a SIGNATURE 22b DATE SIGNED M.D. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) OMCAU 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION, 23b DATE THEREOF 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify) Aug 9, 1966 St John's Cemetery Beltsville Pro Geo Md. Purial

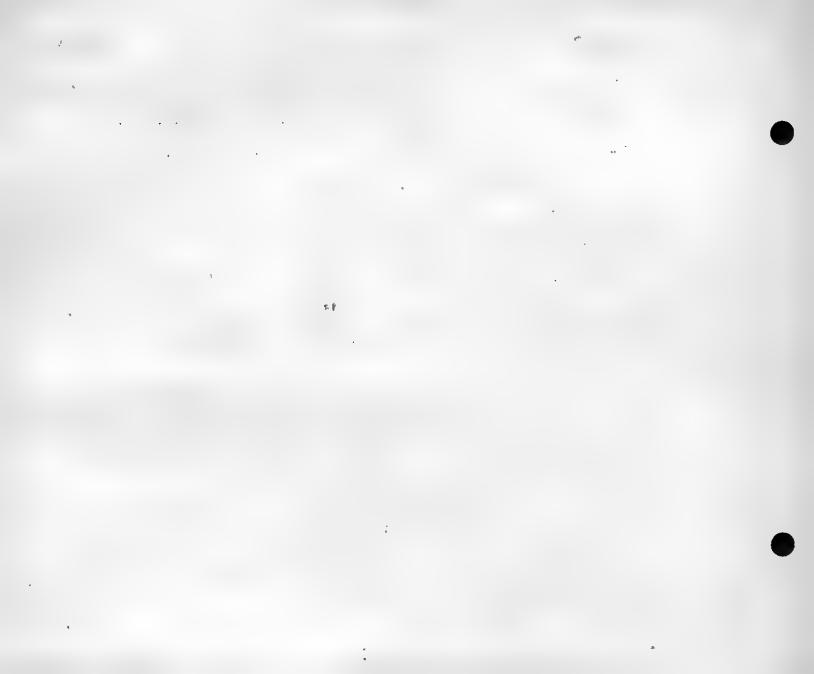
24. FUNERAL DIRECTOR
F. Gasch's Sons REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR **ADDRESS** ,2Sb. Hyattsville, Md. VR A15 (4) 20 M 1/66



| 16 | | MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA | ADVI AND |
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| (IVI) | | 11728 CERTIFICATE OF DEATH | AKTLAND |
| ath. | 1. | | 34 |
| funer funer | 1. | a. COUNTY | sidence before admission) |
| Office of the control | _ | Prince George's MARYLAND | |
| > 2 2 | | b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 2 hrs. 43 min. Washington D. C. | ing give nearest town) |
| hour f in s. hou | - | Cheverlym 2 hrs. 43 min Washington, D. C. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS | o le preintime |
| 24 h filled papers in 72 l | | - | e. IS RESIDENCE ON A FARM? |
| hin eely on p | 3 | | YES NO |
| executed within 24 hours and completely filled in become carbon papers. Pageny event, within 72 hour | ٠, | DECEASED OF CLUT | Day Year |
| ted comp | 5. | August. | 31 1966 YEAR IFUNDER 24 HRS. |
| and cemov | | last birthday) Months | |
| e e | 10: | | TIZEN OF WHAT |
| ie be experience of and inches | du | | |
| physician please | 13 | FATHER'S NAME Prince George's Maryland US | 5A |
| eath certifica attending ph ermit. Then in, or removal | | "Francis Rehard Cate" Margaret Prine Cl. | Plan I. |
| ce t. Tr | 15 | . W/S DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address Address | t |
| death le atter permit. ion, or | (1) | no — Mother as above | |
| the tation | | 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] | INTERVAL BETWEEN |
| res that the death certifica physician. I signed by the attending ph burial-transit permit. Then burial, cremation, or removal | | PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (8) Aprocphaly | ONSET AND DEATH |
| law requires that the steading physician. I have been signed by a stead burial-trans in prior to burial, creatively. | | 150 X DUE TO A 1 1 0 0 1 | |
| phy phy sig suri | | Conditions, If any, which \ m NOUISONU Kaka ail. | |
| equi ing ing he l | | gave rise to immediate cause (a), stating the DUE TO | |
| law requi ttending has been as the l | _ | underlying cause last. (c) | |
| e la att e h e h th p | TION | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) | 19. WAS AUTOPSY PERFORMED? |
| in The Treat | FICA | | YES NO |
| ING PHYSICIAN: The law requires that the death certificate be executed within it by the hospital or attending physician. If the this certificate has been signed by the attending physician and completely be detached for use as the burial-transit permit. Then please temove carbon State Dept. of Health prior to burial, cremation, or removal, and in any event, with | CERTIFICATION | 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | |
| rsic ho: ache ept. | | | And there's |
| | MEDICAL | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (Country, street, office bidg., etc.) | ty) (State) |
| oling I ad by the After d be of | ME | p.m. 19 at work at work | |
| L OR ATTENDING y be retained by JOIRECTOR. After age 3 should be illed with the Staf | | 21. I certify that (1) (this hospital) attended the deceased from August 31 , 1966, to August 31 1966 | that (I) (we) last |
| ATT reta cTO sho ith | | saw the deceased alive on August 31 19 66, and that death occurred at 8:45 M, from the causes and on the causes are caused at the causes and on the causes and on the causes are caused at the causes and on the causes are caused at the causes and on the causes are caused at the causes and on the cause are caused at the causes are caused at the causes are caused at the cause at the cause are caused at the cause at the cause are caused at the cause at t | e date stated above. |
| CALL CT / 200 | | ATTENDING TO MED. STAFF TO Q // |) Signed |
| AL DAS PAGE FILE | | 22c. PHYSICIAN'S 22d. ADDRESS | 1.3 |
| O HOSPITAL OR Page 4 may be O FUNERAL DIR director, page should be filed | let u | NAMETTYPE BRUNO KOLFG. A 4400 SITHAP Ref. TEN | PLA fences 40 |
| TO HOS Page - TO FUN direct should | 238 | R MOVAL (Specify) | ** |
| S. | 724 | Princess Geo. Gen. HOSD. 25a. REC'D BY REGISTRAN TELY REC'STRANS | æred ature |
| VR A15 (4) | | (Uliani) (0 - Carley DATE SEP 14 1966 golian | les Judge |
| 15M 4-64 | 1-7 | William A. Parker - Assist Administrates | 77-0- |



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Items 11,12 Film CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death. death 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) and campletely filled in by the funeral remave carban papers. Pages 1 and PLACE OF DEATH o COUNTY Prince Goerges o. STATE h COHNTY ve carban papers. Pages 1 event, within 72 haurs after MARYLAND Prince Georges b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURA), and give nearest town) Cheverly Washington, D.C. PG 4 hrs d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENC d. STREET ADDRESS ON A FARM? Prince Georges General Hospital YES [NO 6502 Ronald Rd 3. NAME OF ease remave carban First 4. DATE Doy Year DECEASED (Type or print) Madelene Colegrave DEATH 19 66 1F UNDER 24 HRS 6 COLOR OR RACE AGE (In years S. SEX 7 MARRIED 8. DATE OF BIRTH NEVER MARRIED lost birthdoy) Months Doys Hours and in any WIDOWED DIVORCED White Female 6 Aug. 1894 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY Washington, D. C. Housewife U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 1 ar removal, Charles E. Barrick O' Connor IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dotes of service) William R. Colegrove 6502 Ronald Rd. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))
PART 1. DEATH WAS CAUSED BY: burial-transit ONSET AND DEATH IMMEDIATE CAUSE (o) signed by DUE TO burial, Conditions, if only, which gove rise to immediate couse (a), DUF TO stoting the underlying couse Page 4 may be retained by the hospital ar attending O FUNERAL DIRECTOR: After this certificate has been as the priar tal lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? detached far use te Dept. af Health NO YES 205 DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port 1 or Port 11 of item 18) 20o ACCIDENT WAS UNDERLYING [7] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF INJURY Month, Doy, Year 20e PLACE OF INJURY (Home, form (City or town) (Stote) 20d INJURY OCCURRED (County) Hour o.m. factory, street, office bldg., etc.) Not While ot work 2]. I certify that (I) (this hospital) attended the deceased fram August 3 19 66 to August3 , 19 66, that (I) (we) last saw the deceased alive ap August 3-19 66, and that death accurred at 4,55AM, fram causes and an the date stated above. 22o. SIGNATURE ATTENDING MED. DIRECTOR STAFF PHYS. directar, page 3 should be filed v M.D. PHYS 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) L.D. BALLET, M.D. 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town) (Slote) (County) BEMOVAL (Specify) 8/8/66 Arlington National 2 Arlington 25b. REGISTRAR'S SIGNATURE **ADDRESS** 250 REC'D BY REGISTRAR Suitland Suitland VR A15 (4) Wilhelm Funeral Home 4308 1866 DATE 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY b. COUNTY a. STATE Prince Georges MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Washington, D. C. Adelphi d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? Paint Branch Nursing Home 3605 Minnesota Ave. S.E. YES NO X completely i 3. NAME OF Month Last DATE DECEASED DHWLY Mus (Type or print) DEATH 19 executed 5. SEX 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED DATE OF BIRTH AGE (in years | IFUNDER 1 YEAR | IFUNDER 24 HRS. last birthday) | Months | Days | Hours | Min. any WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT Then please I removal, and in during most of working life, even if retired) COUNTRY? certificate be Dining Car Steward A.C.L. Kentucky 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME unobtainable unobtainable 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT transit permit, 16. SOCIAL SECURITY NO. Address death (Yes, no, or unkown) | (If yes give war or dates of service) Mrs. Eleanor Conway same as above no INTERVAL BETWEEN ONSET AND DEATH 18. CAUGE OF DEATH [Enter only one cause per line for (a), (b), and (c).] been signed by the the burial-transit por to burial, cremati PART I. DEATH WAS CAUSED BY: or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE YERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES [NO F the hospital 20a. ACCIDENT WAS UNDERLYING T INJURY OCCURRED, (Enter nature of Injury in Part 1 or Part 11 of (tem 18.) detached for the Dept. of I OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) be de State Hour a.m. Not While at work at work retained the 21. I certify that (this hospital) attended the deceased from DIRECTOR: age 3 should , and that death occurred at C/2 t M. from the causes and on the date stated above. saw the deceased alive on DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. page PHYS. Page 4 may r TO FUNERAL D M.D. DIRECTOR PHYSICIAN'S 22d. ADDRESS director, p NAME (Type) BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY LORATION (City, town or county) (State) REMOVAL (Specify) Cemeterv Prince Georges Co. Buria` Cedar Hill BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTA **ADDRESS** 5

4 1 . .

| . 1 | MARYLAND STATE DEPARTMENT OF HEALTH | |
|---|--|------------------------------|
| Land GAR | Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 | |
| FOR STATE | 11731 MEDICAL EXAMINER'S CERTIFICATE OF DEATH | 15 |
| HEALTH DEPT. | 1. PLACE OF DEATH o. COUNTY 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before of STATE b. COUNTY | re odmission) |
| / is to age ath | Prince George's MARY,AND West Virginia | V |
| If any delay is 1, 2, and 3 to arm PM3. Page Deportment of yrs after death | b CITY OR TOWN (If outside corporate limits c LENGTH OF STAY IN 1b c C TY OR TOWN (If outside corporate limits write RURAL and give neore | |
| Pro prite | Riverdale 6 hrs. Martinsburg | 7 /- |
| | | o IS RESIDENCE ON A FARM? |
| Pages w.th for E. Store | Leland Memorial Hospital 302 West Burke Street | YES NO 10 |
| affer geoth 18. Give Pages along w.th for with Me Stoke with Me Stoke | 3 NAME OF First Middle Lost 4 DATE Month Dot OF | у Үеат |
| | / (Type or print) Michael Cooperider DEATH 8 4 | 19 66 F _NDER 24 HRS |
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| d with.n 24 hours after aeoth I in pencil in Item 18. Give Pages Exominer's Office along w.th for Frie pages lond 2 with MeState ond in ony event within 22 hou | 100 USUAL OCCUPATION (G ve kind of work done during most of working in the kind of Business or light black of the grant of the kind of work done during most of working it even if refired) 100 USUAL OCCUPATION (G ve kind of work done during most of working it is a light black of the grant of the kind of work done during most of working it is a light black of the working it is a light black of the work done during most of work done during most | 5 |
| n 2 iil in ner's | 13. FATHER'S NAME 14 MOTHER'S MA DEN NAME | |
| vith. | Caliborne Cooperider Maxine Hill | |
| in pe in pe i Exon File , ond | 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (1,000 over, was or very appropriate to f service) 235-70-2211 Mrs. Maxine Cooperider, same as #2 | |
| rute dica | (Yes, no or unknown) (Yes one was or service) 235-70-2211 Mrs. Maxine Cooperider, same as #2 | |
| the certificate should be executed with.n 24 hours after about the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 4 should be forworded to the Chief Medical Exominer's Office along with form ur files. The strong be used as a buriol-transit perm t. File pages land? with MeStake Degent, prior to buriol, cremation, or remova, and in any event within 22 hours. | | TERVAL BETWEEN |
| be brief href ons | PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Gun shot wound of head | SET AND DEATH |
| ol-tr | Conditions, if only, which gove) | |
| sh(so the void of | rise to immediate couse (a), (III) | |
| cate ed i | storing the underlying couse (c) | |
| MEDICAL EXAMINER: This certificate should please execute the certificote, writing the word director. Poge 4 should be forworded to the Chretoined for your files. DIRECTOR: Page 3 should be used as a buriol-tro the designated agent, prior to buriol, cremation, is | PART ALL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | WAS ALTOPSY PERFORMED? |
| s ce e, w forw forw | | PERFORMED? YES NO 🔀 |
| Thi icoti be be st to | 200 EXTERNAL CAUSE WAS PRIMARY20 or CONTRIBUTING 200 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of Item 18.) | |
| ertif ould price | | |
| AL EXAMINER: execute the certion. Poge 4 should for your files. TOR: Page 3 should proted agent, prignoted agent, pri | CAUSE OF DEATH. Shot self in head with .22 Cal pistol 20c TIME OF INJURY Month Doy, Year Hour a.m. 12noon pm 8-4- 1966 While of work of work of work of work of work of twork of work of wo | (Stote) |
| CAN fe the fe d four age oge | 12noon pm 8-4- 100 of work 13 of work 15torage room of 5t Alein Debt. Store. | Green- |
| L EXA recute Poge for you R:Pag | 21. I certify that I taak charge of the remains described above, held on Autopsy [], inspection [x], inquiry [x], and | d in my opinion |
| Co de | deoth resulted from: Natural causes , Achdent , Suicide , Hamicide , Undetermined manner | |
| edse edse des des des des | ACTUAL CHIEF MEDICAL EXAMINER | 22. DATE SIGNED |
| | SIGNATURE | 22. DAIL SIGNED |
| TO DEPUTY MEDICAL EXAMINER: This necessory, please execute the certificote, the funerol director. Poge 4 should be to 5 may be retoined for your files. TO FUNERAL DIRECTOR: Page 3 should be Health or its designoted agent, prior to | EXAMINER'S John Kehoe, M.D. Riverdale, Md. Address (Street, city, town, or county) | 8-5-66 |
| ma FUI | 230. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Count | |
| 5 a t 2 5 m | DEMOVAL (Cont.) | |
| | 24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 255. REGISTRAR'S SIGNATU | |
| VR A15ME (3) | Harold S. Wade, 550 Wash, Blvd., Laurel, Maryland DATE AUG 12 1966 Clores | Queles |



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11732 CERTIFICATE OF DEATH rentigate be executed within 24 hours after death by the funeral Poges 1 and hours after death 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) PLACE OF DEATH a. COUNTY
Prince George's Prince George's MARYLAND ending physician and completely filled in by the trit. Then please remove carbon papers. Pages ar removal, and in any event, within 72 hours afti b CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 23 days Takoma Park Cheverly d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS ON A FARM? Prince George's General Hospital 6512 West Moreland Avenue YES | NO X 3 NAME OF Middle Lost 4 DATE Month Doy Year Fisst DECEASED Mildred F Crawford 3 19 66 August DEATH (Type or print) AGE (In years IF UNDER 24 HRS. S SEX 6 COLOR OR RACE 8 DATE OF BIRTH IF UNDER 1 YEAR 7 MARRIED NEVER MARRIED birthday) Manths Days Hours June 20, 1909 Female White WIDOWED DIVORCED 11 BIRTHPLACE (County & State, at foreign country) FOa. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired)
Housewife INDUSTRY COUNTRY Richmond. Virginia 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME the attending prys. William Jorden Adie s. Martin WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT remuires that the death (Yes, no, or unknown) (If yes give war ar dates of service) Durward E. Crawford - husband 223-07-9744 Same addres cremation, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), ONSET AND DEATH buriol-tronsit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) attending physician. DUE TO signed l Conditions, if any, which gave (b) rise to immediate cause (o) DUE TO stating the underlying couse has been os the last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GROSS IN PART I(6) WAS AUTOPSY PERFORMED? NO XX Page 4 may be retained by the haspital or this certificate 20g. ACCIDENT WAS UNDERLYING [7] 205, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e, PLACE OF INJURY (Hame, farm, (City or town) (County) 20d. INJURY OCCURRED (State) 20c TIME OF INJURY Manth, Day, Year Hour a.m. Not While factory, street, office bldg., etc.) at work L at wark O FUNERAL DIRECTOR: After 21. I certify that (I) (this hospital) attended the deceased fram W1 20 19/4, and that death accurred at 10:15M, fram causes and an the date stated above saw the deceased alive an. 22o. SIGNATURE STAFF PHYS. ATTENDING M.D. PHYS DIRECTOR director, poge should be filed 22d. ADDRESS 22c. PHYSICIAN S 4814 71st Avenue, Landover Hillé, Md. Thomas G. Maloney, M.D. NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23a. BURIAL, CREMATION REMOVAL (Specify) Oalsood Sem Jorg Michanone, Va. -250. REC D BY REGISTRAR **ADDRESS** 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 1966 Haryland Inc.

MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death. hours-after death PLACE OF OEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY Pages 1 a. STATE b. CDUNTY MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENCTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) on papers. Pag within 72 hours .⊆ ANDYWINE ANDYWINE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES A ND a and completely i remove carbon p in any event, within within 3. NAME OF DATE OF Day Year Middle OECEASED 055 DEATH (Type or print) 19 66 executed AGE (In years | IF UNOER 1 YEAR | IF UNDER 24 HRS last birthday) | Months | Days | Hours | Min. SEX 6. CDLDR DR RACE 7. MARRIED NEVER MARRIED Days WIDDWED X DIVORCED [attending physician a ermit. Then please re no, or removal, and in 10a. USUAL DCCUPATION (Cive kind of work done during most of working life, even if retired) 12. CITIZEN DF WHAT COUNTRY? .⊑ 10b. KIND OF BUSINESS OR (County & State, or foreign country) certificate be INOUSTRY HOUSE

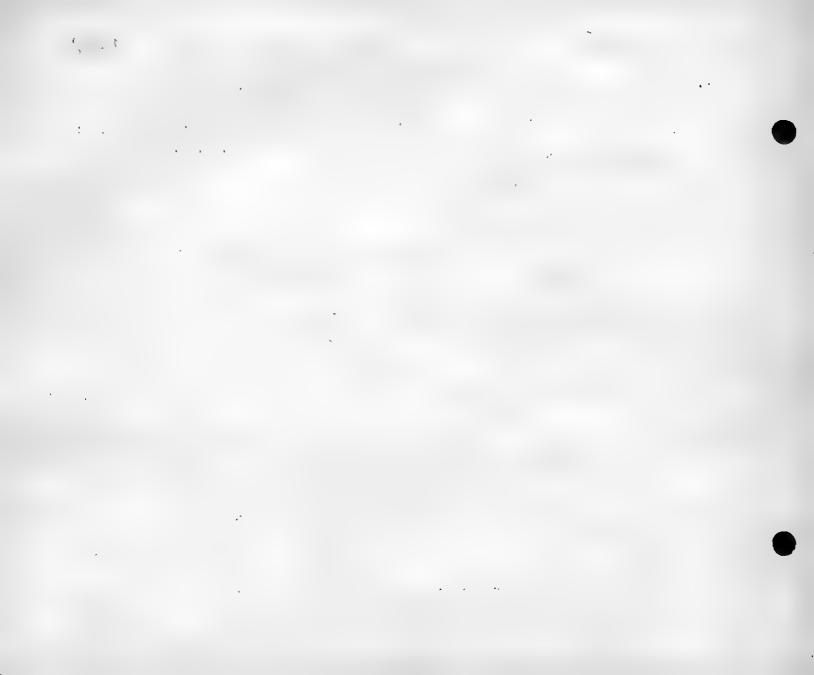
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS OECEASEO EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY NO. 17. INFORMAN' Address ed by the attend transit permit. , cremation, or r death (Yes, no, or unkown) 1(If yes give war or dates of service) INTERVAL BETWEEN been signed by the the burial-transit p or to burial, cremati 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) be retained by the hospital or attending physician OUE TD Cenditions. If any, which gave rise to immediate this certificate has been detached for use as the e Dept. of Health prior to DUE TO cause (a), stating the underlying cause last. (c) 19. WAS AUTDPSY PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATI PERFORMED? ND X YES T 20a. ACCIOENT WAS UNDERLYING TO DR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY DCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20d. INJURY OCCURRED | 20e. PLACE DF INJURY (Home, farm, | 2Df. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. After Id be d Not While at work at work p.m. 1960 21. I certify that (I) (this hospital) attended the deceased from. director, page 3 should should be filed with the 66, and that death occurred at 7.38M, from the causes and on the date stated above. saw the deceased alive on OATE SIGNEO 22a. SICNATURE page ATTENDING MED. STAFF DIRECTOR M.O. PHYS. PHYS. D HOSPITAL 22d. ADORESS PHYSICIAN'S director, p should be 1 NAME (Type) (State) ECCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THERED NAME OF CEMETERY DR CREMATORY REMOVAL (Specify) IAL 25b. REGISTRAR'S SICNATURE 25a. REC'D BY RECISTRAR | 24. FUNERAL DIRECTOR VR A15 (4) 1/65 2DM



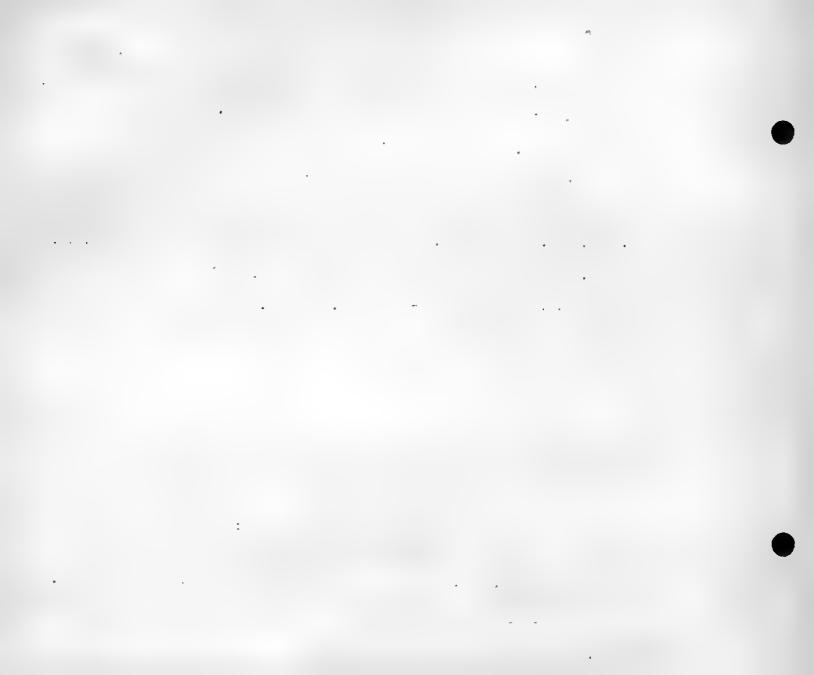
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 r death. death. 1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY rince Georges Prince Ceorge MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENCTH OF STAY IN 1b completely filled in by to ove carbon papers. Page ovent, within 72 hours a hours Kentland, Md. Suitland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS B. IS RESIDENCE ON A FARM? 7503 Hawthorne Suitland Nursing Home Inc. Street NO 🔯 executed within NAME OF First Middia DATE Month Year DECEASED OF DEATH (Type or print) James Н. Daddysman Sr August 27. 19 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 5. SEX DATE OF BIRTH AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. last birthday) Months I Days Hours | Min. and c male white Feb 29, 1882 WIDDWED DIVORCED physician and in Mal, and in 10a. USUAL OCCUPATION (Cive kind of work done during most of working life, even if retired) .5 10b. KIND OF BUSINESS DR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT self COUNTRY? Electrician employed Virginia USA West death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Daddysman Emma Blackistone 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SDCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service) ark, Md. 18 Edith M Ganev Tokoma 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH signed by tourial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) been s DUE TO Interiorderin Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last, has as pric PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY CERTIFICATI PERFORMED? Gratiles melletus YES -No IT 2Da. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) MFDICAL 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, | 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work n.m. at work 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: saw the deceased alive on and that death occurred at M. from the causes and on the date stated above. 22a. SICNATURE 22b. DATE SICNED MED. DIRECTOR 4 may M.D. pa TO FUNERAL director, pa 22c, PHYSICIAN'S ADDRESS NAME (Type) Peter Dues Suitland. Md. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Cedar Hill Cemetery Burial Aug 31, 1966 Suitland, Md. Pro Geo Co. ADDRESS 24. FUNERAL DIRECTOR 25a. REC'O BY RECISTRAR | 25b. RECISTRAR'S SICNATURE Gasch's Sons Hyattsville. Md. 1966 20M 1/65



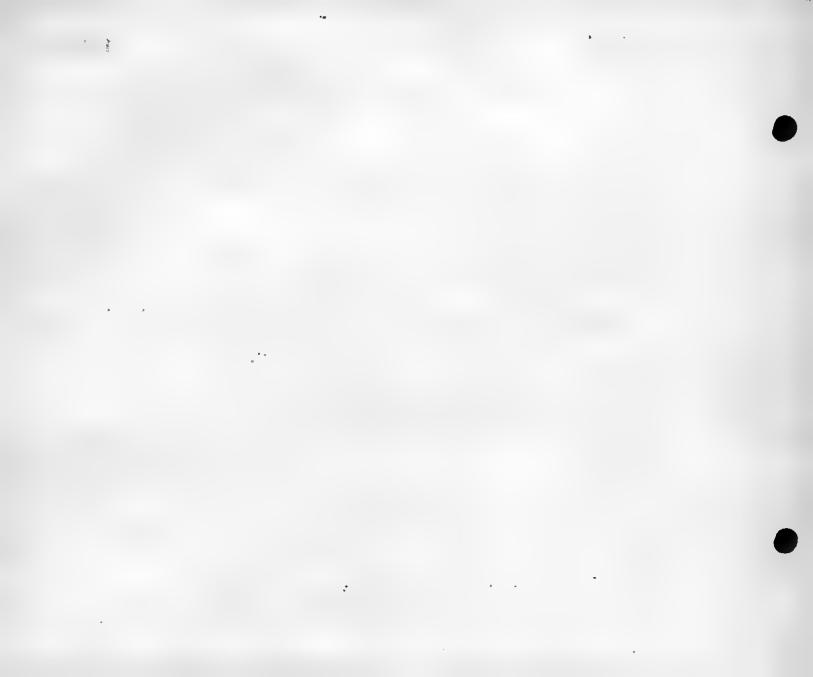
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 24 hours ofter death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) filled in by the funeral papers. Pages 1 and event, within 72 hours after debt o. COUNTY o. STATE **b.** COUNTY MARYLAND Prince Georges c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (f outside corporate limits, E LENGTH OF STAY IN 15 write RURAL and give nearest town) Washington 5 mos. 16 dvs Glenn Dale (rural) d. STREET ADDRESS: 6 IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 417 11th St. S. E. YES 🗔 NO 3 Glenn Dale Hospital requires that the death certificate be executed within 4. DATE ottending physician ond completely f sermit. Then pleose remove carbon 3. NAME OF Middle Lost Month Day Year DECEASED James Davis (Type or pont) DEATH August 19 66 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX AGE (In years 6 COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Manths T Davs Hours andmany WIDOWED DIVORCED 1/9/1882 Male Negro 10o JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE ounty & State, or foreign country) 12 CIT ZEN OF WHAT during most of working life, even if retired) INDUSTRY **COUNTRY?** unknown Oxon Hill Maryland
14. MOTHER'S MAIDEN NAME unknown IISA 13 FATHER'S NAME burial, cremation, or removol, Lizzie ? Jerry Davis INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO permit. (Yes, no, or unknown) (If yes give wor or dates of service) No Didn't know DECEDENT INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) TO FUNERAL DIRECTOR: After this certificate has been signed by the director, page 3 should be detached for use as the burial-tronsit should be filed with the State Dept. of Health prior to burial, cremati ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction Page 4 may be retained by the hospital or attending physicion. DUE TO Conditions, if any, which gave rise to immediate couse (a), DUE TO stating the underlying couse (c) Arteriosclerotic heart disease unknown WAS AUTOPSY PERFORMED? PART 11, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION Malnutrition and emaciation NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg, etc.) Not While OR ATTENDING ot work at work 1966 to 8/3 21. I certify that (this haspital) attended the deceased from 2/18 , 1966, that (x) (we) last 1966 , and that death occurred ut M, from couses and an the date stated abave. 8/3 sow the deceased olive an... 22b. DATE SIGNED 22a. SIGNATURE When W 8/3/66 PHYS. director, page 3 should be filed v M.D. DIRECTOR Glenn Dale Hospital 22c. PHYSICIAN'S NAME (Type) Moe Weiss, M. D. Maryland LOCATION (City of Town) (County) (Stote) 23o BURIAL, CREMAT ON, 23b DATE THEREOF REMOVAL (Specify) 1966 Planter 250. REC'D BY REGISTRAR ADDRESS 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66



| , | 1 (N | ŀ | MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 | |
|--|--|---------------|---|------------------------|
| The same of the sa | . (1) | | 11736 CERTIFICATE OF DEATH | |
| 븀 | ath at | - | PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before adm | nission) |
| 9 | funeral 1 and ter deatl | | o. STATE Maryland b. COLNTY Prince George Maryland Prince Geo | PITA |
| ie i | e fr es offe | \vdash | h CITY OF TOWN (If a stude comparate mate) I a 1 FNCTH OF STAY IN In 11 a CITY OF TOWN At a stude comparate limits, write PLPA1 and give percent how | n) |
| . SI | by the f Pages ours afte | | Cheverly, Md 5 days Hyattsville | , |
| P d | in b | \vdash | d NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) d STREET ADDRESS | RESIDENCE |
| 24 | and campletely filled in by the funeral remave carban papers. Pages 1 and 2 in any event, within 72 hours after death | | Prince Geor. General Hospital 5017 54th Place | A FARM? |
| i. F | 計画を | 3 | NAME OF First Middle Last 4 DATE Month Dov | Year |
| <u>\star}</u> | erely arbc | | OFCEASED (Type or print) Norvel Reed Davis DEATH 8 | 19 66 |
| utec | campletely ave carban y event, wi | S | last highday Marthe Days Ha | NDER 24 HRS urs Min |
| xec | may ca | | M MIDOWED DIVORCED 1 12/3/94 715 1 | |
| p e | and e rem in'an | 10 di | On USUAL OCCUPATION (Give kind of work dane lob KIND OF BUSINESS OR library (County & State, or fareign country) 12 (IT ZEN OF WHAT IN THE COUNTY) 12 (IT ZEN OF WHAT IN THE COUNTY S.A. | ţT |
| ate | and and a | | | • |
| tfic | A D D | 1 5: | Austin O. Davis 14. Mother's Malden Name Annie M. Lewis | |
| je je | The | L | | |
| OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death | physican. signed by the attending physician burial-transit permit. Then please burial, cremation, ar remayal, and | 1 | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, Yeogunknown) (If you way or or 10 tes of service) 16. SOCIAL SECURITY NO 213-16-0842 Mrs. Grace R. Davis 5017 54th Place Hys | attsvil |
| ‡ | ation a | | | BETWEEN ND DEATH |
| hat | ons dens | | IMMEDIATE CAUSE (d) | |
| es | | | Conditions, if any, which gove) DUE TO Circhosis of the fiver | |
| in de | pny sign buri ouri | | rise to immediate cause (a), | |
| 5.5 | to the to | | stating the underlying cause (c) | |
| 70 | has been se as the th priar to | | PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS | AUTOPSY |
| ₹ 5 | te har use alth r | CERTIFICATION | PERFI YES W | ORMED? |
| AN. | For J | · B | 20g. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH | |
| SIC | De refained by the nospital at attending physician. DIRECTOR: After this certificate has been signed by ge 3 should be detached for use as the burial-trailed with the State Dept. af Health priar to burial, cre | 189 | OR CONTRIBUTING CLAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | |
| £3 | nis critach | MFDICAL | 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, Hour o.m. While Not While foctory, street, affice bldg , etc.) | (State) |
| 2 | er the ate | E | p.m. 17 atwark L.J atwark L.J | |
| 9 | Aft d b e St | | 21. I certify that (I) (this haspital) attended the deceased fram June , 1963, tog 8 , 1966, that (saw the deceased alive pn 6 1 1966, and that death accurred at 10 R ram causes and on the date sto | I) (we) lost |
| | # # # # # # # # # # # # # # # # # # # | | saw the deceased alive on 19 , and that death accurred at 10 10 Milliam causes and on the date sto | ited abave. |
| ∀ | S S S S S S S S S S S S S S S S S S S | П | ATTENDING MED STAFF | |
| 0,1 | | | 22c DHYSICIAN'S 22d ADDRESS | |
| ATI | RAL DE | | 22d ADDRESS NAME (Type) John Kehoe, M.D. 6300 Riverdale Rd., Riverdale, Md. | • |
| TO HOSPITAL | Prage 4 may be retained by the hospital in unertaing O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. af Health priar to | 2 | 230. BURIAL CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) | (State) |
| H 1 | P. 연. | | Burial (Specify) 8-10-1966 Mount Olivet Cemetery Frederick, Maryland | |
| _ | OK | 1 | ADDRESS 250 REC'D BY REGISTRAR 250 REGISTRAR 5 SIGNATURE | 4.0 |
| | VR A15 (4) 20 M 1/66 | 1 | Robert E. Dailey & Son Frederick, Marylanous AUG 11 1966 Pharles Ju | age |

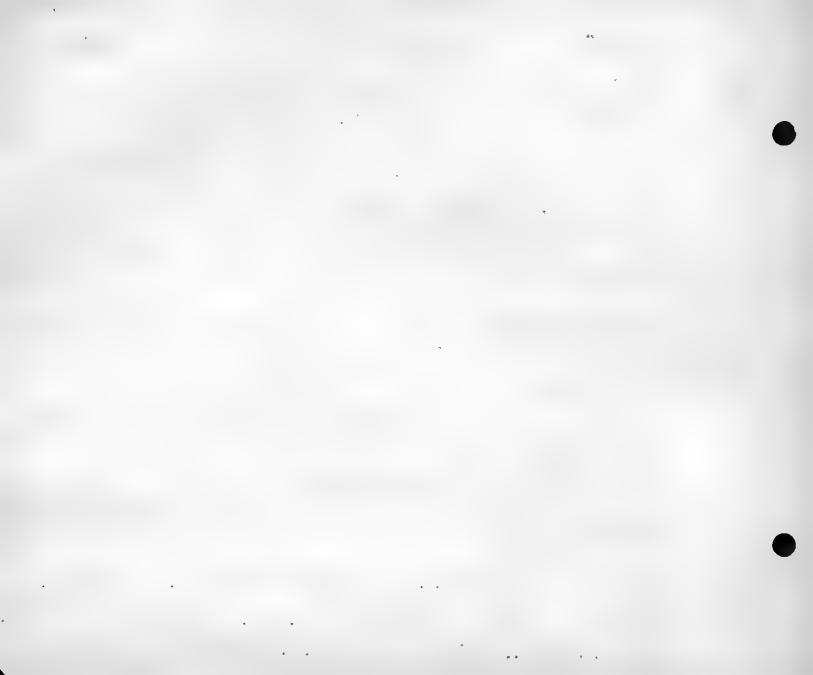


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a COUNTY a. STATE **b** COUNTY 3 to Page Prince George's Maryland MARYLAND Prince George's deloy b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corparate limits, write RURAL and give negrest tawn) and after Bowie DOA Bowie d NAME OF HOSP TAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS Del hours ON A FARM? Give Pages 3201 Sage Lane NO X 12103 Maycheck Tane 3 NAME OF First DATE Manth DECEASED with the (Type or print) Stephen Richard DeBoise DEATH S SEX 6 COLOR OR RACE NEVER MARRIED B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF JNDER 24 HRS 7 MARRIED last birthday) Months Davs Haurs WIDOWED DIVORCED be executed within 24 hours Office -27-1966 Item 1 Male White 10a USJAL OCCUPATION (Give kind of work dane 10b K ND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12 C TIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRYS Md pencl in word 'pending' in pencl in the Chief Medical Exominer's 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME Sandt Phillip De Boise Kay File IS WAS DECEASED EVER IN J.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address removal, purmit (Yes, na, ar unknawn) (If yes give war ar dates of service) Phillip De Boise Bowie. Md. CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH 5 IMMEDIATE (AUSE (a) Pulmonary edema s a buriol tro cremotion, c This certificate should wr fing the word DUE TO Interstitial pneumonia (SDLI) Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause 0.5 used as buriof, PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES DE NO 3 should beent, prior t 20g EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18) PRIMARY I or CONTRIBUTING [4 should AL EXAMINER: CAUSE OF DEATH. 20c. T.ME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm 20f (City or town) (County) (State) moy be refolined to your years 3 Haur a.m factory, street, affice bldg., etc.) Nat While at wark at wark 21. I certify that I took charge of the remains described above, held on Autopsy Inspection -Inquiry X, ond in my opinion Noturo Couses X . / Accident / deoth resulted from: Suicide | Homic'de [Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER **SIGNATURE** the funerol O DEPUTY DEPUTY MED CAL EXAMINER **EXAMINER'S** Kehoe, M.D. Riverdale, Md. 8-31-66 Heolth NAME (Type) Address (Street, city, tawn, or county) 23g BURIAL CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) REMOVAL (Specify) Sept 3, 1966 Memorial Park Cemetery Northampton, Pa. buria. 24. FUNERAL DIRECTOR **ADDRESS** 25e REC D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15ME (5) Gasch's Sons 'Iyattsville, Md. 6M 1/66 20 10



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11738 CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased fixed, if institution. Residence before admission) 1. PLACE OF DEATH d. COUNTY Prince George's o. STATE
Maryland b. county Prince George's MARYLAND c CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) b (17Y OR TOWN (If outside corporate limits, write RJRAL and give nearest town) c LENGTH OF STAY IN 1b The law requires that the death certificate be executed within 24 hours Cheverly 2 hr. 35 min. Lanham d. NAME OF HOSPITAL OR INSTRIUTION (If not in haspital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? signed by the attending physician and camplefely tiled in burial-transit permit. Then please remaye cachen papers burial, crematian, or remayal, and in any event, withyn 72 7610 Fontainbleu Drive ☐ NO [Prince George's General Hospital 4. DATE 3. NAME OF Day Year DECEASED Girl Baby Delzell August 15 19 66 DEATH (Type or print) 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIED XX B. DATE OF BIRTH S. SEX 6 COLOR OR RACE 7 MARRIED last birthday) White Female WIDOWED August 15, 1966 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12 CIT ZEN OF WHAT 10a USUAL OCCUPATION (G ve kind of work done during most of warking inte, even if retired) USA ? Prince George's, Maryland 14. MOTHER'S MAIDEN NAME 13 FATHER S NAME Sandra Lee MacFarlane Ralph Herbert Delzell 1S WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, ar unknown) (If yes give wor or dates of service) 17 INFORMANT Address 16. SOCIAL SECURITY NO Mother As above IB. CAUSE OF DEATH (Enter only one cause per line for (o) (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART !. DEATH WAS CAUSED BY IMMEDIATE (AUSE (a) Page 4 may be retained by the haspital ar attending physician. DUE TO Canditians, if any, which gove rise to immediate cause (a). DUE TO stating the underlying cause **D FUNERAL DIRECTOR:** After this certificate has been director, page 3 shauld be detached far use as the should be filed with the State Dept. af Health priar ta Is last. WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PERFORMED? CERTIFICATION NO 200 ACCIDENT WAS UNDERLYING 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Manth, Doy, Year foctory, street, office bidg, etc.) Haur a.m. Not While at work at wark O FUNERAL DIRECTOR: After 2). I certify that (1) (this hospital) attended the deceased from and that death occurred at TIM, from tayses and an the date stated above. sow the deceased alive on 22b. DATE SIGNED 22g SIGNATURE MED DIRECTOR STAFF PHYS. August 15, 1966 22d ADDRESS 22c. PHYSICIAN'S Iradi Mahdavi, M.D. 6821 Riverdale Rd., Riverdalem Md. NAME (Type), 23d, LOCATION (City or Town) BUR AL, CREMATION, MEMOVAL (Specify) Permation 23c. NAME OF CEMETERY OR CREMATORY (County) 23b. DATE THEREOF Cheverly, Prince Georges, Md. Prince George's Gen. Hosp. 8/120/66 25a. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 William A. Parkerr., Administrator, Cheverly, Middle AUG 25 1966

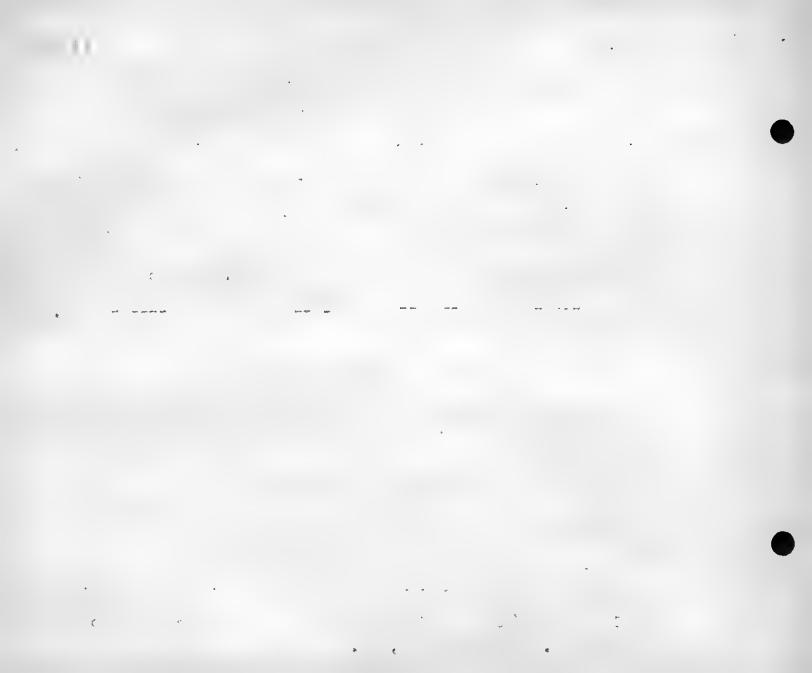
MARYLAND STATE DEPARTMENT OF HEALTH





MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11740 CERTIFICATE OF DEATH 1736 e be executed within 24 hours after death. in by the funeral ers. Pages 1 and 2. USUAL RESIDENCE (Where deceased lived if institution Residence before admission) PLACE OF DEATH Prince George's o. STATE Maryland Prince George's MARYLAND b CITY OR TOWN (If outside carparate limits, write R.RAL and give nearest tawn)

Cheverly c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 lease remove carban papers. Pac and in any event, within 72 hours 56 days District Heights d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARMS filled i Prince George's General Hospital 2410 Rochelle Avenue YES [NO 2 3 NAME OF First Lost 4 DATE Month Day Year DECEASED Dorsey III OF Edward Vernon 19 66 Type or print) August S SEX 6 COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF JNDER 1 YEAR JE UNDER 24 HRS. 7 MARRIED NEVER MARRIED last birthday) Months Hours White Male WIDOWED DIVORCED June 7, 1966 10a USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) NDUSTRY N/A COUNTRY? Prince George's, Maryland USA 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME buriol, cremotion, or remavol, signed by the ottending aby buriol-tronsit permit. Then Penelope Ann Burton Edward Vernon Dorsey, II Penelope Ann Burton WAS DECEASED EVER IN U.S. ARMED FORCES? Address Same as Item 16. SOCIAL SECURITY NO (Yes, na, ar unknown) (If yes give war ar dates af service) as_above 18. CAUSE OF DEATH (Enter any one cause per line for (a), (b), and (c)) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o' 4 moy be retoined by the hospitol or attending physicion. DUE TO Canditions, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause **TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept of Health prior to last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19 WAS AUTOPSY PERFORMED? NO X YES 🗔 20g. ACCIDENT WAS UNDERLYING ET 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Hour a.m. While Nat While factory, street, affice bldg., etc.) at wark at wark 21. I certify that (1) (this haspital) attended the deceased fram the deceased from 1966 to 1966 to 1966, that (1) (we) last 1966 and that death accorded above. 19eC that (I) (we) last saw the deceased alive an..... 220. SIGNATURE 22b. DATE SUGNED ATTENDING DIRECTOR M.D. PHYS 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) Clark Holmes, M.D. 4108 Pratt St. Upper Marlboro, Md. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a BURIAL CREMATION. (County) (State) Burial (Specify) 8/3/66 Trinity Cometery Upper Marlboro
2Su REC D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Ritchie Bros. Upper Marlboro. Md. AUG 1956



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11741 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution. Residence before admission o COUNTY deoth. Prince George's Marvland Prince George's Department our after deat b CTY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Hvattsville DOA Cheverly a NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RES DENCE hours ON A FARM? 7226 Glenridge Road 8. Give Poges Prince George's General Hospital YES NO IX 3 NAME OF with the Sto within 72 1 Lost 4 DATE Month DECEASED 1966 (Type or print) Samuel Valentine Down DEATH S SEX 6 COLOR OR RACE 8 DATE OF BIRTH AGE (In years IF JNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED IX NEVER MARRIED last birthdoy) Hours Male White WIDOWED 10-8-14 lond 2 This certificate should be executed within 24 hours icate, writing the word "pending" in pencul in Item 1. be forwarded to the Chief Medical Examiner's Office. 100 USUAL OCCUPATION (Give kind of work done Ob. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired)
Service Planager INDUSTRY COUNTRY? Georgia Auto repairs 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME James W Down Osie L Knapp 15 WAS DECEASED EVER IN U.S ARMED FORCES? 6 SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, ar unknown) (If yes give war or dates of service) 578 permi 05 2545 Katherine Down or removol Hyattsville. Md. yes INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) buriol-transit PART I DEATH WAS CAUSED BY ONSET AND DEATH Acute pulmonary edema IMMEDIATE CAUSE (a). s o buriol-tro cremotion, (DUE TO Conditions, flony, which gove Myocardial fibrosis rise to immediate couse (o). DUE TO stating the underlying couse Coronary arteriosclerotic heart disease burnal, r nsed PART II OTHER'S GNIFICANT COND'T ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, DISEASE CONDITION GIVEN IN PART ([0]) 19 WAS AUTOPSY PERFORMED? please execute the certificate, YES X NO 2 200 EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of mury in Port I or Port I of Item 18.) agent, prior 3 should PRIMARY Or CONTRIBUTING 4 should OTAL EXAMINER: CAUSE OF DEATH 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or fown) (County) (Stote) Hour o.m. While foctory, street, office bldg., etc.) Not While ot work ot work 21. I certify that I taak charge of the remains described above, held an Autopsy XI, Inspection X Inquiry X and in my opinian the funerol director. death resulted fram. Natural causes 37 Acadent Suicide . Undetermined manner Hamicide | CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY 8-29-66 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city, tawn, or county) NAME (Type) John Kehoe M.D., Riverdale, Maryland 23c NAME OF CEMETERY OR CREMATORY 230 BURIA, CREMATION 23b DATE THEREOF 23d ¿OCATION (City or Town) (County) (Stote) REMOVAL (Specify) Arlington Virginia Aug 30, 1966 Arlington National Burial ADDRESS 250 REC'D BY REGISTRAR 25b REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR F. Jasch's Sons Hyattsville, Md. VR A15ME (5) 6M 1/66



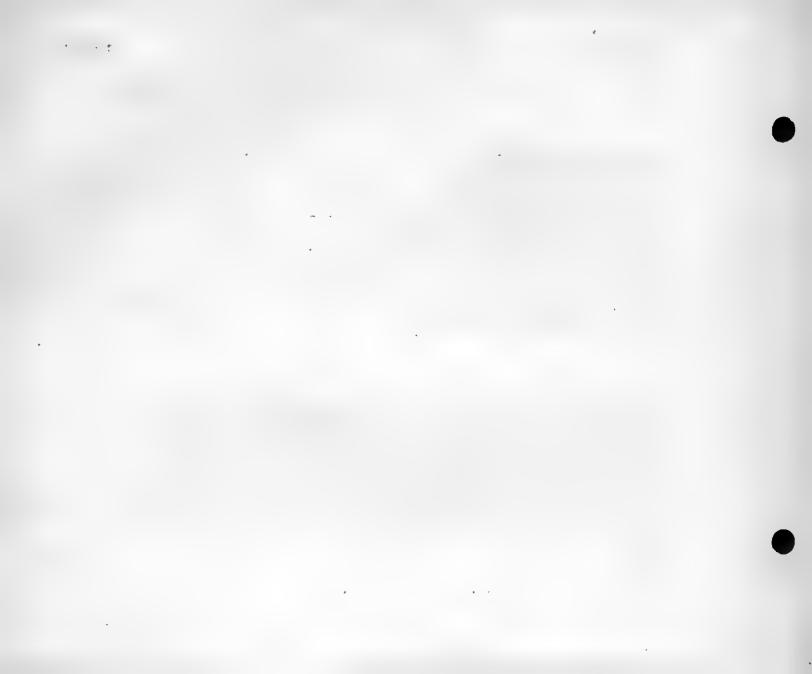
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH 742 law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) the attending physician and campletely filled in by the fulleral sit permit. Then please remove carban papers. Pages Prañd a. COUNTY D. STATE b. COUNTY MARYLAND Maryland b CITY OR TOWN (If outs de corporate limits, c CITY OR TOWN (If outside corparate limits, write RURAL and give necrest tawn) c. LENGTH OF STAY IN 16 an papers. Pag within 72 haurs write RURAL and give negrest tawn) Cheverly Oxen Hill 8 IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS NO X 113 Maury Ave Prince Georges General Hounital NAME OF 4 DATE Day Year DECEASED OF East event. (Type or print) DEATH AGE (In years last birthday) SEX NEVER MARRIED 8 DATE OF BIRTH IF UNDER 1 YEAR Months Davs Hours WIDOWED DIVORCED 10a USUAL OCCUPAT ON (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CIT ZEN OF WHAT and in during most of working life, even if retired) INDUSTRY COUNTRY? Gov't. Retired North Carolina USA 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaval Nellie Barker Elisha Barker IS WAS DECEASED EVER NUS ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address Forest Hghts (Yes, no, or unknown) [[If yes give war ar dates of service] Genella Gardner-448 Quade St SE Md. crematian, CAUSE OF DEATH (Enter only one cause per line for (b) and (c)) INTERVAL BETWEEN signed by the burial-transit p PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE (AUSE (a) Page 4 may be retained by the hospital ar attending physician.

IO FUNERAL DIRECTOR: After this certificate has been signed by DUE TO rend ocarrios Infarction burial. Conditions, if any, which gove (b) nse ta immediate cause (a) DUE TO stoting the underlying couse at the last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) elone thitis No īg 20g ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part II of item 18) OR CONTRIBUTING (CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) Haur o.m. factory, street, office bldg, etc.) Not While 7.24. 1966 to 8.14. . 196 6 that (I) (we) last 21. I certify that (1) (this hespital) attended the deceased fram_ director, page 3 shauld shauld be filed with the 13 1966, and that death occurred at 1 A M, fram causes and an the date stated above. sow the deceased olive on_ 22b. DATE SIGNED 220 SIGNATURE ATTENDING DIRECTOR M.D. PHYS 22c PHYSICIAN S OLIVER QND JUERDALE NAME (Type) 23c NAME OF CEMETERY OR CREMATORY Suitland 235 DATE THEREOF 23a BURIAL, CREMAT ON, LOCATION (City or Town) (County) (State) Burial (Specify) Cedar Hill Cem. Aug. 17-1966 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **REC'D BY REGISTRAR** VR A35 (4) 20 M 1/66 1661-Good Hope Rd SE Simmons Bros Wash DC

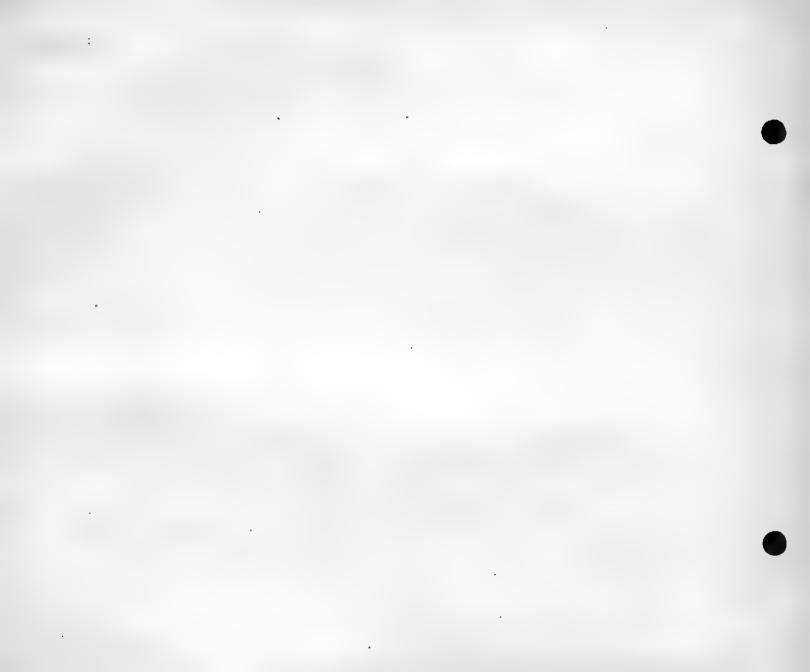
MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) a COUNTY b. COUNTY death. Prince George's Prince George's MARYLAND Maryland b. CITY OR TOWN (If outs de carparate limits, C LENGTH OF STAY IN 16. c. CITY OR FOWN (If guiside corporate limits, write RURAL and a ve nearest fawn) gud write RURAL and give nearest town) after Cheverly hour Hillside d NAME OF HOSP TAL OR INSTITUTION (It not in hosp to, give street address) d STREET ADDRESS . e IS RES DENCE Deg frem 18 Give Poges 1, Office along with form hours ON A FARM? ote YES NO 🔀 Prince George General Hospital 1307 57th. Avenue 3. NAME OF Middle Last DATE Manth DECEASED within (Type or print) DEATH Edwards Evans S. SEX 9. AGE (In years IF UNDER 1 YEAR SE UNDER 24 HRS. 6. COLOR OR RACE **NEVER MARRIED** B. DATE OF BIRTH last birthdov) Months Days WIDOWED DIVORCED 7-1-1924 White 10a USUAL OCCUPATION (Give kind of work done TOP KIND OF BIJSINESS OR 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired)
Carpenter INDUSTRY COUNTRY? Construction VIIO Expminer's pencil 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within Marshall A. Fdwards Carrie Mitchell 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT pending ref (Yes no, or unknewn) Hives give war or dates of service 78 28 6256 Mantha A. Harper or removo 18 CAUSE OF DEATH (Enter only one cause per ine for (a), (b), and (c)) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (6) Heart failure word cremotion, DUE TO Conditions, if any, which gave (b) Arteriosclerotic heart disease unknown rise to immediate cause (a). **DUE TO** certificate stating the underlying cause ø last. PART I OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPS CERTIFICATION PERFORMED? NO X YES -200 EXTERNAL CAUSE WAS priar 206 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Port II of item 18) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. MEDICAL 20c TIME OF PLURY Month, Day, Year 20d INJURY OCCURRED (City or town) 20e PLACE OF INJURY (Home, form, (County) (State) Haur a.m. factory, street, office bldg., etc.) While Nat While moy be retoined for your FUNERAL DIRECTOR: Page at wark 21. I certify that I taak charge of the remains described above, held an Autapsy ... Inspection 20 Inquiry bold and in my apinion Natural causes At Accident death resulted fram-Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER (X **EXAMINER'S** 5 moy 70 FUNE Health NAME (Typy) John Kehoe, M.D. 8-1-66 Riverdale, Md. Address (Street, city, town, or county) 235 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL CREMATION 23d LOCATION (City or Town) (County) (State) 8/5/66 Arlington National Arlington, Va.
registrar | 25b. registrars signature ADDRESS 250. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR Chambers Co. Riverdale, Md. VR A15ME (5) DATE AUG Ocherley 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death/ 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution; Residence before admission) a. COUNTY A by the Pages 1 after r a. STATE b. COUNTY Prince George's MARYLAND Maryland Prince George's
c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) b. CITY DR TOWN (If outside corporate limits, C. LENGTH OF STAY IN 1b Write RURAL and give nearest town) oon papers. Pag within 72 hours hours Cheverly .= 3 days Rainier d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled e. IS RESIDENCE ON A FIRM? Prince George's General Hospital YES NO L 31st Street etely 3. NAME DE Middle Last DATE Month Year DECEASED DF event. Ella (Type or print) Esten DEATH 1966 August 30 6. COLOR OR RACE | 7. MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR || FUNDER 24 HRS. 9. NEVER MARRIED last birthday) | Months Davs Hours any and Female White WIDOWED X June 17, 1882 84 1Da. USUAL DCGUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY .⊑ 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician that the death certificate be and llousewife own home Boyds co Kentucky US A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Richard Clevenger Susan Collins 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) | (If yes give war or dates of service) 16. SOCIAL SECURITY ND. 17. INFORMANT Address 403 16 5805 Opal Fleshman Mt Rainier, Md. transit peri the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN burial-transit burial, cremat ONSET AND DEATH signed by hock PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the prior 1 underlying cause last. certificate has (¢) CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 119. WAS AUTOPSY PERFORMED? Arterioscenotic Mclonephotio. YES -NO X CERTIF 20a. ACCIDENT WAS UNDERLYING TO DR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part I) of Item 18.) r this certifi detached for the Dept. of b MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, I 20f. (City or town) (County) (State) To hos.
Page 4 may be retained - ...
TO FUNERAL DIRECTOR: After the director, page 3 should be dei factory, street, office bldg., etc.) Hour a.m. Not While at work at work 21. I certify that (1) (this hospital) attended the deceased from July 27 1966, to August 30 19 66, that (1) (we) last August 30 19 66 and that death occurred at 2:50 M, from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE DATE SIGNED 22b. ATTENDING PHYS. STAFF PHYS. M.D. DIRECTOR 22c. PHYSICIAN'S ADDRESS NAME (Type) OLIVER LANHAM COAD MD BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Sept 2, 1966 Lincoln Cemetery Ft Colmar Manor, Pro leo Md. Buria. 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Marley F. Gasch's 1966 Sons Hyattsville, Md. VR A15 (4) 15M 4-64_CY



| V | 1/ | MAKYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND. |
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| Qx. | = = 0 = | 11745 CERTIFICATE OF DEATH 11740 |
| | ithin 24 hours after death, tely filled in by the funeral opn papers, Pages 1 and 2 by ithin 72 hours after death. | 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived, If institution: Residence before admission) |
| | er of the fer | Prince George MARYLAND Mary land Prince George |
| | aft y th ages s aff | b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) |
| | in b | Riverdale 33 days Beltsuille |
| | 24 h Iled Ipers 72 | Oli A FANKI, |
| | in 19 fin | 3. NAME OF First Middle Last 14. DATE Month Day Year |
| | ate be executed within 24 hour lysician and completely filled in please remove carbon papers. F, and in any event, within 72 hour | DECEASED |
| | even (som) | 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (III) years FUNDER 1 YEAR FUNDER 24 HRS. |
| | xecu and | male Caus WIDOWED DIVORCED 11-1-1898 Last birthday) Months Days Hours Min. |
| | ian a | 10a. USUAL OCCUPATION (Give kind of workdone during-most of working life, even if retired) 10b. KIND OF BUSINESS OR life, even if retired) 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? |
| | te tysic ysic plear | Dejentist 415-4001T Pennsylvania U.S.A. |
| | death certificate be ne attending physiciar permit. Then please iion, or removal, and i | |
| | ren indin | 15. WASDECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes/no, or unkown) (If yes give war or glates of service) |
| | ath atte rrmit n, or | V/c VIIIIT' 217-44-004 E |
| | the de | 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] |
| | The law requires that the or attending physician, sate has been signed by the use as the burial-transit saith prior to burial, cremain | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (2) BULLU TALL LONG TO THE CAUSE (2) ONSET AND DEATH |
| | ysici ysici gener jai-t | DUE TO K PERSONA MILEO. |
| | uires g ph en si bur | Conditions, If any, which gave rise to immediate (b) |
| | ndin ndin bec | cause (a), stating the DUE TO underlying cause last. |
| | law atte has h pri | |
| | The cate or us | YES NO Z |
| | TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be e Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician director, page 3 should be detached for use as the burial-transit permit. Then please is should be filed with the State Dept. of Health prior to burial, cramation, or removal, and in | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO OF CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) |
| | he h | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) While p.m. 19 at work at work |
| | NG NG P | Hour a.m. While Not While p.m. 19 at work at work |
| | R. A duld the Street | 21. I certify that (I) (this hospital) attended the deceased from 1972, to clight 1966, that (I) (we) last |
| | ATTE retail control showith the with the showith the s | saw the deceased alive on and the date stated above. |
| | or be be or ge 3 | M.D. ATTENDING MED. STAFF 8-22-66 |
| | PITAL 4 may ERAL or, pa | 22c. PHYSICIAN'S NAME (Type) / M/ M Q/17/ M/D. 22d. ADDRESS |
| | HOS Page FUN FUN Poulc | 23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) |
| | 10 TO D | BURIAL 8-26-66 APLINGTON NATIONAL ARLINGTON. UB |
| | 0 | 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR'S SIGNATURE LU W. CHAMBELLS CO. PIUERDALE. MD ALIC 93 1995 Oction of Quedan |
| | VR A15 (4) 20M 1/65 | W. Chambers Co- KIDERDALE. MAS DATE AUG 23 1966 Scharles Judge |
| | . 01. | |

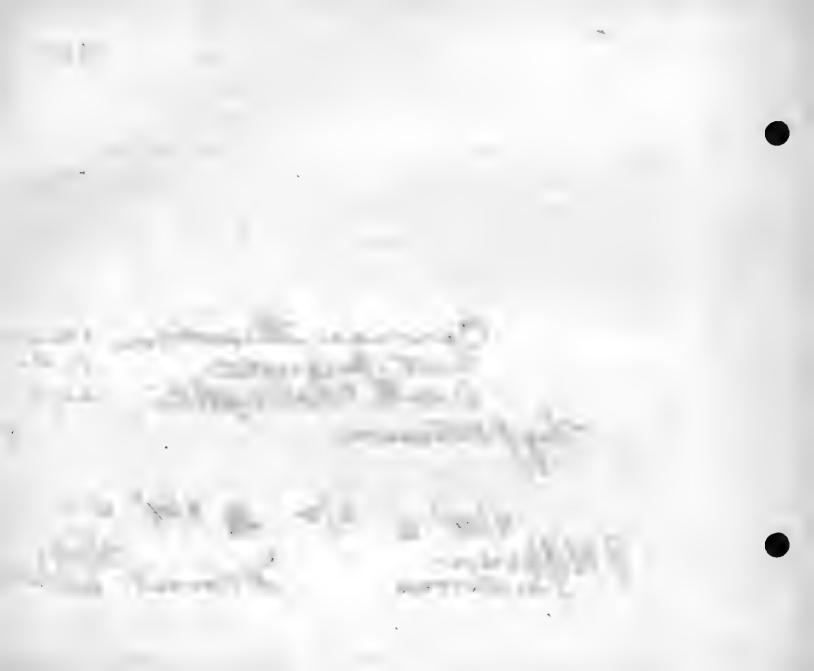


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11745 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. deoth funeral 1 and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. STATE MARYLAND a. COUNTY ely filled in by the function papers. Pages 1 of within 72 hours offer d PRINCE GEORGE'S MARYI AND b. CTY OR TOWN (If autside carparate imits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RJRAL and a ve nearest town) AIR BASE TEMPLE HILLS ANDREWS FORCE 13 Hours d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? USAF HOSPITAL ANDREWS 5220 CANTERBURY YES NO X pour 3. NAME OF Middle First Lost 4 DATE Manth Day Year completely DECEASED PIERCE (Type or print) DOROTHY DEATH AUGUST 18 1966 remove our uny even 9 AGE (In years IF LINDER I YEAR IF UNDER 24 HRS 6. COLOR OR RACE 8. DATE OF BIRTH 7 MARRIED **NEVER MARRIED** last birthday) Months Hours Days CAUCASIAN WIDOWED DIVORCED FEMALE JAN puo 100 USUAL OCCUPAT ON (Give kind of work done 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPEACE (County & State, or fareign country) during most of working life, even if retired) INDUSTRY COUNTRY? HOUSEWIFE U.S.A N/A FLUSHING NEW YORK 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME buriol, cremotion, or removal, LEWIS A PIERCE MARGARET O'CONNELL IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (HUSBAND) Address (Yes, na, ar unknown) (If yes give wor or dates of service) FITZPATRICK-SAME AS UNKNOWN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)." INTERVAL BETWEEN signed by the buriol-transit p PART I. DEATH WAS CAUSED BY 50NSET ENA REASH IMMEDIATE CAUSE COIRHEUMATIC HEART DISEASE WITH MITRAL **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Poge 4 may be retained by the hospitof or ottending physician. DUE TO INSUFFICIENCY YEARS Conditions, if ony, which gave (b)CONGESTIVE HEART FAILURE use to immediate cause (a). DUF TO stoting the underlying couse be detached for use as the State Dept, of Health prior to **(ISINUS ARRHYTHMIA** YEARS WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES X NO TO FUNERAL DIRECTOR: After this certificate 20g ACCIDENT WAS LINDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port | or Port |I of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED (City or town) 20c. TIME OF INJURY Manth, Day, Year 20e. PLACE OF INJURY (Hame, farm, (County) (State) Nat While factory, street, affice bldg., etc.) at work at work ____, 19_66, ta_18_AUG___, 19_66 that XI) (we) last 21. I certify that (1) (this haspital) attended the deceased from 1.7. AUG. saw the deceased alive an 18 AUG 1966, and that death occurred at 5:55 M, fram couses and an the date stated above. 22a, SIGNATURE 22b. DATE SIGNED X 18 AUG 66 DIRECTOR PHYS 726-ADDRESS USAF HOSPITAL ANDREWS 22c. PHYSICIAN'S NAME (Type) RUBEN ALTMAN.CAPT.MC.USAF ANDREWS AFR WASHINGTON DC 2033] EMINETERMATION L 23b DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) AND 24 FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 1966 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and a death. 1. PLACE OF DEATH
a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY completely filled in by the f ve carbon papers. Pages 1 event, within 72 hours after: Maryland rince George's Prince George's MARYI AND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b Bowie days Cheverly d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADORESS ON A FARM? Prince George's General Hospital Fletchertown Road YES NO executed within 3. NAME OF 4. DATE Middle Last Month Day Year **OECEASED** Fletcher 31 66 August (Type or print) Marguerite DEATH 19 AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months | Days | Hours | Min. 6. COLOR OR RACE OATE OF BIRTH 7. MARRIEDXX NEVER MARRIED any 4/21/16 Female Negro WICOWEO DIVORCEO 12. CITIZEN OF WHAT COUNTRY? .⊑ 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) iclan þ and Maryland II.S. Government certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Bertha Fletcher ansit permit. It Carroll E. Shelton 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) | (If yes give war or dates of service) 16. SOCIAL SECURITY NO. I 17. INFORMANT death James C. Fletcher -None None Husband 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) been signed Conditions, If any, which gave rise to immediate **DUE TO** cause (a), stating the as th priori underlying cause last. certificate has CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY detached for use e Dept. of Health PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. OESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. After While Not While at work at work retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the 1966, to aug 31 1966 that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from La 1966, and that eath occurred at 10 - 4%, from the causes and on the date stated above. saw the deceased alive on Coulo 22a. SIGNAJURE ATTENDING PHYS. M.O. **OIRECTOR** PHYS. AODRESS Page 4 may PAYSICIAN'S NAME (Type) Dr. Harry N. Carlton Pershing Drive, Silver Spring, Md. 909 23d. LOCATION (City, town or county) BURIAL, CREMATION, OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23b. REMOVAL (Specify) Mt. Olivet Washington, D.C. -66 25a. REC'O BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR AOORESS 1986 VR A15 (4) 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Besidence a. COUNTY after b. COUNTY a. STATE hours after MARYLAND b. CITY OR TOWN (if outside corporate fimits, write XVRAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) LENGTH OF STAY IN 1b nding physician and completely filled in by Then please remove carbon papers. Pag removal spin in any event, within 72 hours d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NO. YES executed within NAME OF Middle First DATE Day DECEASED OF DEATH (Type or print) AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR OF BIRTH 7. MARRIED V NEVER MARRIED Months | Hours Days WIDOWED DIVORCED [- yrs. 10a, USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR (County & State, or foreign country) death certificate be during most of working life, even if retired) INDUSTRI COUNTRY? 13. FATHER'S NAM MOTHER'S MAIDEN NAM in signed by the attend burial-transit permit. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17: INFORMAN (Yes, no, or unkown) (If yes pive war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN DNOTE I AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO The law requires Conditions, if any, which (b) certificate has been gave rise to immediate 中中 DUE TO cause (a), stating for use as the f Health prior t underlying cause last, CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISPASE CONDITION GIVEN IN PART 1(8) 19. PERFORMED? NO TY YES 20a. ACCIDENT WAS ONCERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part | or Part | of Item 18.) of should be detached th the State Dept. of EDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) DIRECTOR: After tage 3 should be de filed with the State Hour a.m. While Not While be retained by at work L at work ATTENDIN 21. I certify that (I) (this hosnital) attended the deceased from saw the deceased alive on and that death occurred at M, from the causes and on the date stated above. DATE SIGNED 22a. SIGNATURE 22b. page : ATTENDING PHYS. V DIRECTOR M.D. PHYS. Page 4 may FUNERAL ADDRESS 22c. director, p should be 1 ME (Type) town or county) BURIAL, CREMATION, NAME OF CEMETERY OR CREMATOR 23a. PEMOVAL (Speotry) 2 PONERAL DIRECTOR ADDRESS 25b. REGISTRAR'S SIGNATURE REC'D BY REGISTRAR 1966 VR A15 (4) 15M 4-64

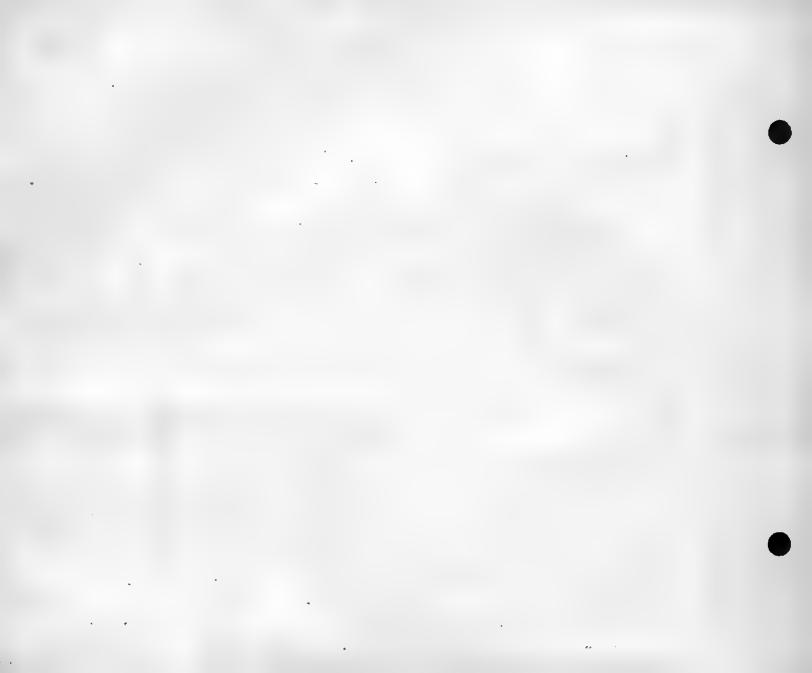


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death ond campletely filled in by the funeral temove corbon papers. Pages 1 ong PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) COUNTY Prince Georges a. COUNTY a. STATE Prince Georges Mary land MARYLAND b CITY OR TOWN (If autside carparate limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) Hvattsville 12 days Cheverly d NAME OF HOSP TAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? NO X Prince Georges Genergal Hospital 5006 Edmonston Road 3 NAME OF Middle Last 4. DATE FIRNEST Day Year DECEASED
(Type or print) Fretwell DEATH Enerst Aug. 5 SEX 9 AGE (In years IF UNDER 1 YEAR FUNDER 24 HRS 6. COLOR OR RACE 7 MARRIED **NEVER MARRIED** OATE OF BIRTH last birthday) Months Days Hours WIDOWED DIVORCED 28 Jan., 1899 Male White 10c USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 13. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most at working life even if retired) INDUSTRY COUNTRY,? Retired AUTO MECHANIC AUTOMOBILE IRGINIA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remov BIBB FRETWEL IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address SAME (Yes, no, ar unknown) if if yes give was or dates of service) DIANE INTERVAL BETWEEN ONSET AND DEATH signed by the buriol-tronsit p CAUSE OF DEATH (Enter only one cause per line for (g), (b) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital or attending physicion. DUE TO Canditions, if any which gave rise to immediate couse (a). DUE TO as the prior to t stating the underlying cause O FUNERAL DIRECTOR: After this certificate hos been lost WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) be detached for use State Dept. of Heolth NO YES 🔀 205, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I at Part II of item 18.) 20g ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form (City or town) (County) (State) Haur o.m. factory, street, office bldg., etc.) Not While ot wark ot work 21 I certify that (1) (this haspital) attended the deceased from May 1966 to Hu and that death accurred at 5.55 Pm. fram causes and an the date stated above. saw the deceased alive an Kee 22n_SIGNATURE 22b DATE SIGNEO **ATTENDING** director, page 3 should be filed v M.O. DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S Till Bergemann Prof. Bldg., Centerway, Greenbelt, Md. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY BURIAL CREMATION 23b. DATE THEREOF **LOCATION (City or Town)** (State) REMOVAL (Specify) FT. LINCOLN CEM MARYLAN.D 25b REGISTRAR'S SIGNATURE 2Sq REC'D BY REGISTRAR 24 FUNERAL DIRECTOR ADDRESS Melianles VR A15 (4) 1966

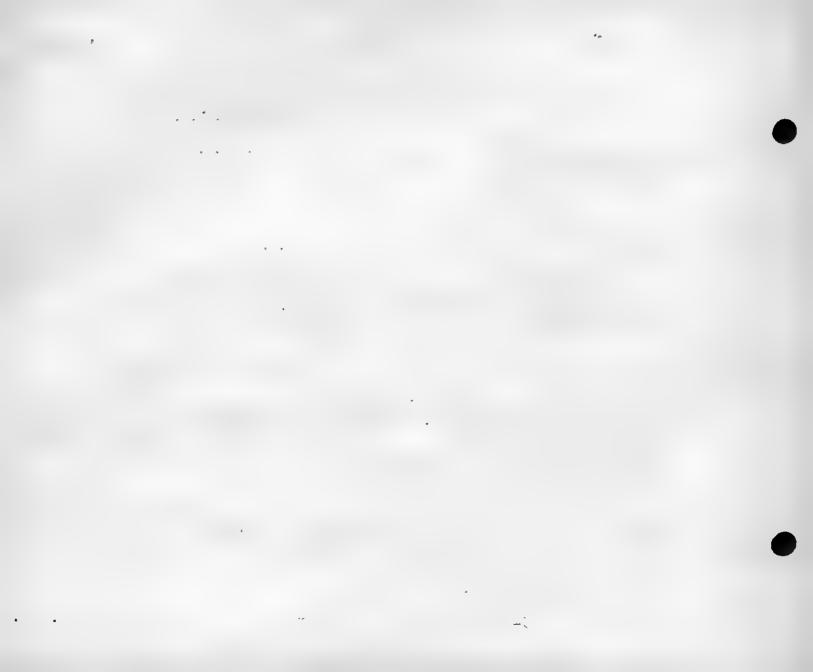
MARYLAND STATE DEPARTMENT OF HEALTH

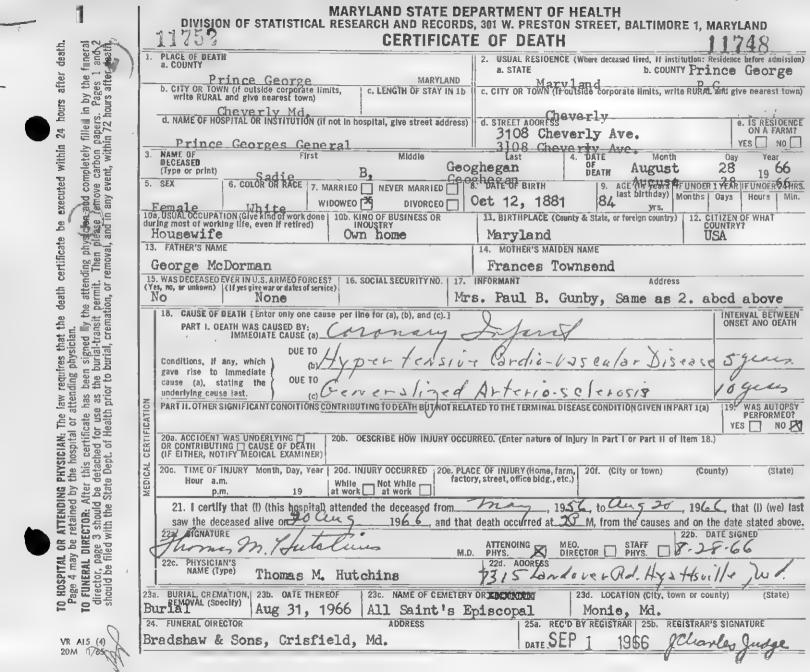


| | 1 | MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 |
|--|------------------|--|
| - 81 = | | 11770 CERTIFICATE OF DEATH 11746 |
| ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death stained by the hospital ar attending physician. CTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral shauld be detached far use as the burnal-transit permit. Then please remarks carban pagers. Peges 1 and 2 ith the State Dept. of Health priar to burial, crematian, ar remaval, and in apprevent, within 22 hours after death. | 3 100c | PLACE OF DEATH O. COUNTY MARYLAND CITY OR TOWN (If outside corporate mits write RURAL and give nearest town) CITY OR TOWN (If outside corporate mits write RURAL and give nearest town) CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (If outside corporate limits |
| certifi ng phy Then | | William Garver Cinc From |
| he death ce attending permit. The | (1) | s, no or unknown) [If yes give wor or dotes of service] Ida Mae Garcier Sane |
| D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execute Page 4 may be retained by the hospital ar attending physician. 5 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camp directar, page 3 should be detached far use as the burial-transit permit. Then please remained should be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in apply evitable. | | 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove is to immediate couse (a), stating the underlying couse (b) DUE TO (c) INTERVAL BETWEEN ONSET AND DEATH PASS UNKNOWN DUE TO (c) |
| The Ic atten has b sse as | TION | PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT, RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES ON O |
| 5 PHYSICIAN: the hospital at this certificate detached far e Dept. of Hea | AL CERTIFICATION | 200. ACCIDENT WAS UNDERLYING (2) OR CONTRIBUTING (2) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18) |
| NG PH yy the 1- ter this e detact tate Del | MEDICAL | 20c TIME OF INJURY Month, Doy, Year Hour o m. Pm. 19 20d INJURY OCCURRED Ot work 20e PLACE OF INJURY (Home, form, foctory, street, office bldg, etc.) 20f. (City or town) (County) (State) |
| OR ATTENDI be retained b DIRECTOR: Aft pe 3 shauld b led with the St | | 21. I certify that (I) (this haspital) attended the deceased fram 14. , 1964, ta 9 13 , 1966, that (I) (we) last saw the deceased alive on: 20. SIGNATURE 220. SIGNATURE ATTENDING MED STAFF 22b DATE SIGNED |
| TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. of Health priar to | | 22c PHYSICIAN'S NAME (Type) C. J. HOUMANN ATTENDING M.D. ATTENDING DIRECTOR DIRECTO |
| TO HOSPITAL Page 4 may SOUTH STATE IN FINAL IS director, page 5% shauld be fill | L | BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR ALL COLOR (City or Town) (County) (Stote) REMOVAL (Specify) Aug 17, 1966 Ft Lincoln Cemetery Colman Manor, Md. FUNERAL DIRECTOR Gasch's Sons Hyattsville, Md. ADDRESS ADDRESS DATE OF THE COLOR CEMETERY OR ADDRESS ADDRESS DATE OF THE COLOR CEMETERY OF THE CEMETERY |



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 75 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death puo funeral T and dect PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o. STATE b COUNTY o. COUNTY Prince Georges MARYLAND remove carbon papers Pages I in any event, within 72 hours after CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town)
Glenn Dale 27 days Washington, D.C. B. IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) falled i Glenn Dale Hospital 407 G St., N.E. YES NO TY 3 NAME OF First Middle 4 DATE Lost Dov Year DECEASED Janie Gaskins (Type or pont) DEATH August 66 9. AGE (In veors IF UNDER YEAR S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED lost birthdoy) Months Dovs Hours WIDOWED T 3/24/1893 DIVORCED 100. JSJAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY domestic S.C. USA 14 MOTHERS MAIDEN NAME 13. FATHER'S NAME burial, crematian, ar remaval, Jasper Rainey Margaret Edwards IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) 579-44-9594 decedent no INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) 3 CLEVE DEATH burial-transit PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) Bronchopneumonia, left lung signed by Page 4 may be matained by the haspital or attending physician. (b) Chronic tuberculous empyema with bronchopleural 15 yrs. Conditions, if any, which gave rise to immediate couse (a), DUE TO fistula stoting the underlying cause 25 yrs. O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the (dPulmonary tuberculosis WAS AJTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND I ON GIVEN IN PART I(6)
Bronchiectasis, pyelonephrittis, arterionephrosclerosis with the State Dept. of Health NO 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Port II of stem 18.) 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20f. (City or town) (Stote) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, (County) 20c. TIME OF INJURY Month, Doy, Year Not While foctory, street, office bldg., etc.) of work ot work . 19 66, to 1966 thalk# (we) last 8/2/ 21. 1 certify that (this haspital) attended the deceased from. 8/2/ 19.66, and that death occurred at 6 - 3.34M, from causes and an the date stated abave. sow the deceased give on. 22b. DATE SIGNED 22o. SIGNATURE اعدا M.D. DIRECTOR PHYS. 8/2/66 director, page 3 should be filed v 22d, ADDRESS 22c. PHYSICIAN'S NAME (Type) Glenn Dale Hospital Genn Dale, Md Moe Weiss. 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (Stote) 230 BURIAL CREMATION REMOVAL (Specify)
Burial Prince Geogre's Co. Md. Harmony Cemetery 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) DATE AUG Ü







MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, funstitution Resident o COUNTY o STATE b COUNTY ď death. Prince George's MARYLAND Prince George's Marvland delay **D**Bpartment b. CITY OR TOWN (If outside corporate limits, CLENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) after Bladensburg DOA Cheverly d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS B IS RES DENCE haurs ON A FARM? ate NO X Prince George General Hospital 3908 53rd. Street 24 haurs after death 3 NAME OF Midd'e Lost 4 DATE 2 Month Dov Year DECEASED with the (Type or print) Walter DEATH Gilbertson Henry with S SEX 6 COLOR OR RACE 9 AGE (In years IF UNDER 1 YEAR IF JINDER 24 HRS 8 DATE OF BIRTH 7 MARR ED NEVER MARRIED ost birthdev) Months Doys Hours WIDOWED DIVORCED event d 1-19-1881 CV Male White and 1Do USUA, OCCUPAT ON (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 GT ZEN OF WHAT during most of working life, even if retired)
Agriculturist INDUSTRY QUNTRY? QUA Government pages Minnesota within 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME pencil 9 Louis II Gilbertson Marit Qualley d and __ IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address pending n permit. (Yes, no, or unknown) (if yes give wor or dates of service) remayal Hazel B Gilbertson Bladensburg, Md. no .8 CAUSE OF DEATH (Enter on y one couse per line for (o), (b), and (c)) NTERVAL BETWEEN transit PART I. DEATH WAS CAUSED BY. Minutes 10 IMMEDIATE CAUSE (6) Heart failure This certificate shauld the ward cremation. DUE TO Arteriosclerotic heart disease over 1 yr. burial Conditions, if any, which gave rise to immediate couse (a), DUE TO stoting the underlying couse D OS lost. bund. PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY PERFORMED? certificate, YES -NO X agent, priar to 2Do. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of them 18.) 3 shauld should PRIMARY I or CONTRIBUTING I CAUSE OF DEATH es. MEDICAL 2Dc TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 2De PLACE OF INJURY (Home, form 2Df (City or town) (County) (State) Hour o.m. may be retained for your FUNERAL DIRECTOR: Page Not While foctory, street, office bldg .etc.) of work at work 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection 5d. Inquiry x and in my apinian Natural causes 2d, Accident death resulted fram-Suicide . Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE the funeral TO DEPUTY 5 may be 10 FUNERAL Health ar DEPUTY MEDICAL EXAM, NER **EXAMINER'S** John Kehoe, M.D. Riverdale, Md. 8-23-66 Address (Street, city, town, or county) NAME (Type) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 230 BUR AL, CREMAT ON 23d LOCATION (City of Town) (County) Burial (Speaty) 1966 Ft Lincoln Cemetery Colmar Manor. 24. FUNERAL DIRECTOR **ADDRESS** 250 REC D BY REGISTRAR 25b REG STRAR'S SIGNATURE F. Gasch's Sons Hyattsville, Md. VR A15ME (5) 1966 Ocharles 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21203 11754 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1 PLACE OF DEATH USUAL RESIDENCE (Where deceased wed, if institution. Residence before admission o. COUNTY Poge o STATE b. COUNTY delay 15 and 3 ta Ö deoth. Prince George's MARYLAND Prince George's Marvland b CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outs de corporate limits, write RURAL and give nearest town) pup write RURAL and give nearest town) ofter Gollege Park College Park d NAME OF HOSP TAL OR INSTITUTION (if not in hosp to, give street oddress) 8 IS RESIDENCE ON A FARM? haurs in Item 18. Give Poges 4907 Fox Street NO x 4907 Fox Street YES Off ce along with 3 NAME OF First Midd e Lost 4. DATE Month DECEASED OF. with the William (Type or print) Harry Gill DEATH 5 SEX 6 COLOR OR RACE NEVER MARRIED DATE OF BIRTH AGE (In years IF UNDER 1 YEAR 7 MARR ED lost birthdoy) Months Davs Hours WIDOWED DIVORCED This certificate should be executed within 24 hours Male White 0 - 24 - 19401Do JSUAL OCCUPATION (Give kind of work done IDb KIND OF BUS NESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT dur ng most of working I te, even if retired) INDUSTRY COUNTRY? enn d "pending" in pencif ii Chief Medicol Examiner 13 FATHER'S NAME m pencil MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT permit. (Yes_no, or unknown) [(If yes give wor or dotes of service) cremotion, or removal, Cormain Gill 5560 Link AVE 166-32 18. CAUSE OF DEATH (Enter on y one couse per line for (o), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY **burial-tronsit** ONSET AND DEATH IMMEDIATE CAUSE (6) Gun shot wound of brain e, writing the ward farwarded to the (1 DUE TO Conditions, if ony, which gove (b) nse to immediate couse (a), DUE TO stoting the underlying couse D used os buriol, c lost. PART II OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES 🔲 NO designated agent, prior to 20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of Item IB) 3 should PRIMARY OF CONTRIBUTING TAL EXAMINER: CAUSE OF DEATH Shot self in head with a pistol 쿵 2Dc T-ME OF INJURY Month, Dov. Year 2Dd INJURY OCCURRED 2De PLACE OF INJURY (Home, form, 20f (City or town) (vfnuo)) (Stote) HOUL 0 m foctory street, office bldg etc.) While Not While FUNERAL DIRECTOR: Page of work of work 8-30- 1966 Same as #2 Home 21 I certify that I taok charge of the remains described above, held an Autopsy anguiry 🔂 Inspection 😾, and in my opinion death resulted fram: Natural causes Accident 7 Suicide Txd. Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE the funerol TO DEPUTY 50 DEPUTY MEDICAL EXAMINER For John Kehoe, M.D. Riverdale, Md. 8-31-66 5 moy FUNE Heolth NAME (Type) Address (Street, city, town, or county) 230 BURIAL CREMATION 236. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Buria 01504 24 FUNERAL DIRECTOR 250 REC'D BY REGISTRAR 256 REG STRAR'S SIGNATURE VR A15ME (5) SEP 6M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o COUNTY o STATE Poge b COUNTY deoth. 0 oţ Prince George's MARYLAND Maryland Prince George's b CITY OR TOWN (If outside corporate mits E LENGTH OF STAY N 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) gud write RURAL and give nearest town) ofter Cheverly DOA Colmar Manor d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? form De hours Pages ote Prince George General Hospital YES NO TE 43rd. Avenue 3 NAME OF DECEASED First M+ddle 4 DATE Lost Month Doy Ath n Z OF Give (Type or print) Mattie Giyan DEATH S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Doys item 18. ᡖ Hours WIDOWED DIVORCED event Female White Anril 1881 pu 10o JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BiRTHPLACE (State or foreign country) 12 CT ZEN OF WHAT during most of working life, even if retired) Own Home U.S. A. in ally Mo. = to the Chief Medical Examiner's 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME This certificate should be executed within pencil Robert U. Mattie Lakin Ele 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address parmit. pending (Yes, no, or unknown) (If yes give wor or dotes of service) remosol, Robt. U. Givan Jr. Fullerten, Calif. (Son) INTERVAL BETWEEN ONSET AND DEATH MIT DUTY CS 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), burial-tramit PART I. DEATH WAS CAUSED BY 10 IMMEDIATE CAUSE (6) Heart failure writing the word mation, DUE TO Arteriosclerotic heart disease unknown Conditions, if any, which gove " rise to immediate couse (a). **D**UE TO Ger stating the underlying couse u≡d os burial, c PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? 3 should be unent, prior to l YES 🔲 NO K 20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port 11 of Irem 18.) PRIMARY I or CONTRIBUTING I should AL EXAMINER: CAUSE OF DEATH. 20c TIME OF NIJRY Month, Day, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20f (City or fown) (County) (Stote) Hour o.m. factory, street, office bldg., etc.) Not While FUNERAL DIRECTOR: Poge at work ot work 21. I certify that I taak charge of the remains described above, held an Autapsy ... Inspection 3 Inquiry o and in my apinian director. death resulted fram-Natural causes 🔀 🗸 Accident Suicide Hamicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE funero TO DEPUTY þe Ö DEPUTY MEDICAL EXAMINER **EXAMINER'S Reofth** NAME (Type) John Kehoe, M.D. Riverdale, Md. Address (Street city, town, or county) the BURIAL, CREMATION, REMOVAL (Specify) 23b DATE THEREOF 23c NAME OF CEMETERY OR CHEMATORY 23d LOCATION (City or Town) (Stote 0 8/28/66 Ridge Park Ceme. Marshall Me. 24 FUNERAL DIRECTOR 2So REC D BY REGISTRAR Sons Hyattsville, Md. VR A15ME (\$15 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item 8 Fi CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o COUNTY o. STATE Maryland b. COUNTY Prince George's Prince George's papers. Pages 1 iin 72 haurs after MARYLAND b CITY OR TOWN (If outside corporate emits, write RURAL and give nearest town) c CITY OR TOWN (If outside corparate limits, write RJRAL and give negrest tawn) CLENGTH OF STAY IN 1b. requires that the death certificate be executed within 24 hours all 21 days Highland Park Cheverly filled in IS RESIDENCE ON A FARM? d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS Prince George's General Hospital 1134 71st Avenue YES -NO F 3 NAME OF DECEASED Lost 4. DATE Month Doy Year Shellie. Hall August 19 66 Type or print) DEATH F UNDER 1 YEAR IF UNDER 24 HRS DATE OF BIRTH S SEX 6 COLOR OR RACE AGE (In years 7. MARRIED **NEVER MARRIED** please remove lost birthdov) Months Hours Dovs WIDOWED burial, cremation, ar remayal, and in any Male Negro 10e USUAL OCCUPAT ON (Give kind of work done during most of working life, even if retired)
Gardener 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT COUNTRY? INDUSTRY Pvt. Industry So. Car. II.S.A 14. MOTHER'S MAIDEN NAME 13 FATHER 5 NAME David Hall Unk. TS. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 17 INFORMANT 16 SOCIAL SECURITY NO. AND Ave. 1113 Lois Britt, Dt. Seat Pleasant . Md. INTERVAL BETWEEN signed by the c burial-transit po 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) Con Coole PART I DEATH WAS CAUSED BY ONSET AND DEATH ulminasy IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital or attending physician. DUE TO Conditions, if only, which gove (b) rise to immediate couse (a). DUE TO stating the underlying couse director, page 3 shauld be detached for use as the should be filed with the State Dept. af Health prior to WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) YES XX NO O FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us 20o ACC DENT WAS UNDERLYING 205 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port | or Port || of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, (City or lown) 20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (County) (State) Hour o.m. factory, street, office bldg., etc.) Not While of work at work 21. I certify that (1) (this haspital) attended the deceased fram August 1, 19.66, to August 21, 19.66, that (1) (we) last saw the deceased alive an August 21 19 66, and that death accurred at 5:00 M, fram causes and an the date stated above. 22o. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF 8/22/66 M.D. DIRECTOR PHYS. PHYS -22d. ADDRESS 6812-22c. PHYSICIAN'S WERDALE NAME (Type) LANHAM 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION 23b DATE THEREOF (County) (Stote) REMOVAL (Specify) Highland Park, Md. 66 Harmony Mem. Park -250. REC D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR AUG 1966



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admiss on) PLACE OF DEATH a COUNTY o STATE b COUNTY death Prince George's Prince George's MARYLAND Maryland b CITY OR TOWN (if auts de corparate limits, E LENGTH OF STAY IN 16 c CITY OR TOWN (If guitside corporate limits, write RURAL and give negrest town) write RURAL and give nearest town) after (days Berwyn Heights
d STREET ADDRESS Cheverly a NAME OF HOSP TAL OR INSTITUTION (I not in hospital a ve street address) e IS RESIDENCE ON A FARM? hours YES NO T Prince George General Hospital 8309 58th. Avenue along with 3 NAME OF Middia 4 DATE 1051 Doy Year DECEASED (Type or print) Veronica Tda. DEATH Hamel S SEX 6 COLOR OR RACE B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED lost birthday) Manths Hours WIDOWED DIVORCED Office (Female White 19 Jan. 1927 10o USUA, OCCUPATION (Give kind of work done 11 BIRTHPLACE (Stote or foreign country) 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most all warking life, even if retired) INDUSTRY COUNTRY? PENNA CRANE SUPPLY CO BOOKKEERER NYD SECT. pencil 13 FATHER S NAME 14 MOTHER'S MAIDEN NAME be executed within WHENDWENED CHARLES CALLE 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT removol. (Yes, no, ar unknown) (if yes give wor or dates of service) 59 CH BUE 195-12-5142 Louis HAMEL 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I, DEATH WAS CAUSED BY. ONSET AND DEATH ō IMMEDIATE CAUSE (o) Heart failure certificate should the word DUF TO From myocardial infarction cremation, Conditions, if any, which gave (b) During surgical anesthesia for radical rise to immediate cause (a), DUE TO mastectomy 4 days stating the underlying cause PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL D SEASE CONDITION GIVEN IN PATE 140 2 19 WAS AUTOPS" PERFORMED? Adenocarcinoma of left breast with metasteses to left axilla and YES or NO 200 EXTERNAL CAUSE WAS PRIMARY OF ONTRIBUTING 20b DESCRIBE HOW NURY OCCURRED (Enter noture of mury in Port I or Port II of Item 18.) CAUSE OF DEATH 20c TIME OF INJURY Month, Dov. Year 20d NJURY OCCURRED 20e PLACE OF INJURY (Home, form, (C'ty or town) (County) (Stote) 5 may be retoined for your 11
TO FUNERAL DIRECTOR: Page 3
Health or its designated agen Haur om. Not While foctory, street, office bldg . etc.) While of work at wark 21. I certify that I taak charge of the remains described above, held an Autapsy [x], Inspection X Inquiry 🔀, and in my apinian Hamicide Undetermined manner death resulted from Natural causes 🔀 . Accident 🗔 Suicide . CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE the funeral DEPUTY MEDICAL EXAMINER DO **EXAMINER'S** NAME (Type) John Keloe, M.D. Riverdale, Md. Address (Street, city, town, or county) 23o. BURIAL CREMATION DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) REMOVAL (Specify) LINCOLK CREMATORY BLADENS BURG. CREMATION 25b REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR 250 RECD BY REGISTRAR VR A35ME (5) 6M 1/66 U.W. CHAMBERS CO. RIVERDALE, MD



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120 CERTIFICATE OF DEATH within 24 hours ofter death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) b COUNTY Prince Georges o. COUNTY o. STATE Prince Georges Maryland MARYLAND b CTY OR TOWN (If outside corporate I mits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and a ve negrest town) write RURAL ond give neorest town) 18 hrs Brentwood remove carbon popers. d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS ON A FARM? filled Prince Georges General Hospital 4100 Webster Street burial, tremation, or removal, and in any event, within NO YES 3. NAME OF Middle Lost First 4 DATE Doy Year completely DECEASED OF DEATH Jesse Hammond 25 19 66 (Type or print) Aug. . 6 COLOR OR RACE 8 DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS 7 MARRIED **NEVER MARRIED** lost birthday) Months Doys Hours WIDOWED X Female Negro DIVORCED 1893 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State of foreign country) 12. CITIZEN OF WHAT attending physicion a sermit. Then please during most of working life, even if retired)
None COUNTRY? INDUSTRY requires that the death certificate Ackin, S.C. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Geo. Broder Lucy Brown 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) ((If yes give wor or dates of service 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) INTERVAL BETWEEN signed by the burial-transit p PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate couse (o), DUE TO stoting the underlying couse as been os the prior to b lost. 19. WAS AUTOPS)
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO Page 4 may be retained by the hospital or 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH director, page 3 should be detached should be filed with the State Dept. of (IF EITHER, NOTIFY MEDICAL EXAMINER! 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While ot work ot work O FUNERAL DIRECTOR: After 2]. I certify that M (this haspital) attended the deceased from China 211 Que 25, 186, that 1) (we) last M, fram cayses and an the date stated above. saw the deceased alive an 219 66 and that death accurred an 22o, SIGNATURE 22b. DATE SIGNED **ATTENDING** M.D DIRECTOR 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) William B. Gunther 4917 Edgewood Road, College Park, BURIAL, CREMATION 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) (County) (Stote) REMOVAL (Specify) 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE

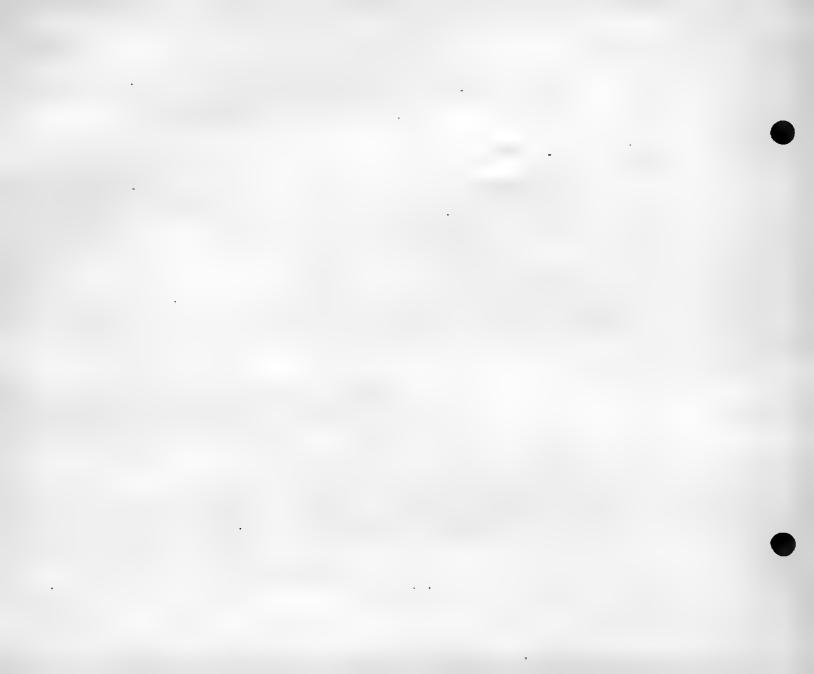


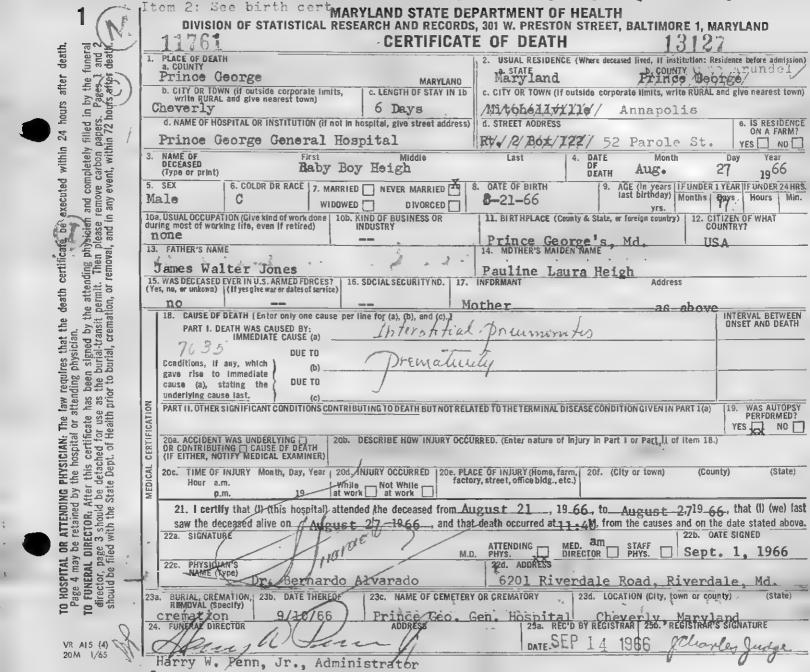
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

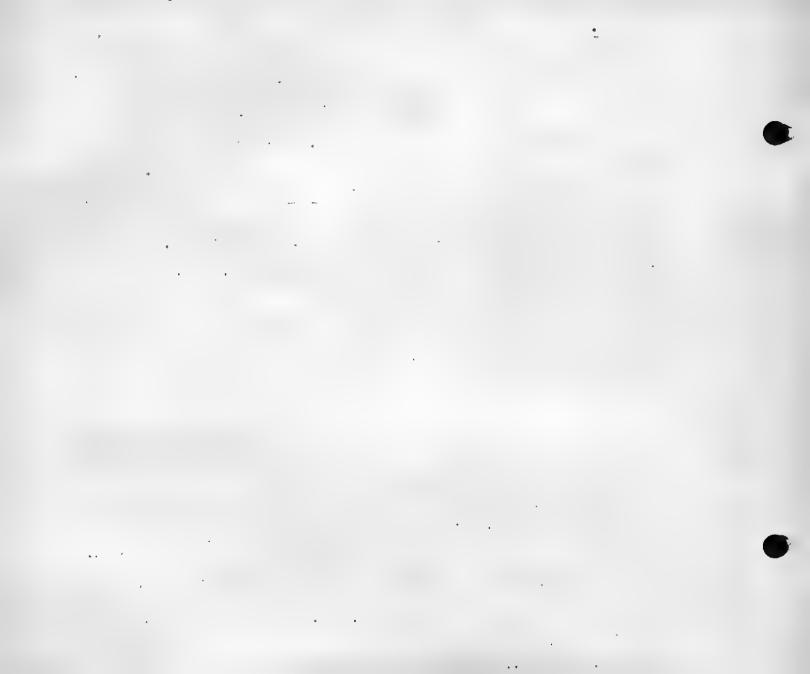
Item #2d Film #G3*0_1/1/20 pg 11755 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY , n STATE b. COUNTY ofter MARYLAND ITY OR TOWN (If outside corporates mits, c LENGTH OF STAY IN 16 d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE ON A FARM? d STREET ADDRESS event, within 72 NO X corbon NAME Q Middle DATE Dov Year DECEASED 1966 Type or print) DEATH 5. SEX IF UNDER I YEAR IF UNDER 24 HRS 6 COLOR OR RACE **NEVER MARRIED** F OF BIRTH AGE (In years birthdoy) Months Doys WIDOWED DIVORCED On USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT (County & State or foreign country) INDUSTRY COUNTRY ? 13 TATHER'S NAME attending physion plant plant 14. MOTHER'S MAIDEN NAME or removol, Mason 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. INFORMAN Address (Yes, no, or unknown) (If yes give wor or dates of service cremotion, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c)) INTERVAL BETWEEN signed by the bursol-tronsit PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Hnorekin Conditions, if any, which gove nse to immediate cause (a). DUF TO for use as the t f Health prior to b stating the underlying couse hos been last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) YES NO After this certificate 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Hour am foctory, street, office bldg , etc.) While Not While at work at work 2]. I certify that (I) (this hospital) attended the deceased from May 1966, to aug. __, 19*66* , that (I) (we) last saw the deceased alive an aug 7 1966, and that death accurred at 732 M, from causes and an the date stated above O FUNERAL DIRECTOR: 220. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF 8-8-66 director, page 3 should be filed v M.D. DIRECTOR PHYS 22d ADDRESS 22c. PHYSICIAN'S WASH. NAME (Type) 7260 MAR 23c NAME OF CEMETERY OR CREMATOR 23b. DATE THEREOF 23g BURIAL CREMATION. LOCATION (City of Town) (etoR) REMOVAL (Specify) FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b RESISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 DATE AUG Melante



| 1-1- | Item 18 Film 379 8-12-66 MARYLAND STATE D Division of STATISTICAL RESEARCH AND RECORDS, 3 | EPARTMENT OF HEALTH 01 W. PRESTON STREET, BALTIMORE, MARYLAND | 21201 |
|---|--|---|-------------------------------------|
| SAZ | 11700 CERTIFICAT | E OF DEATH | 11756 |
| offending physician. has been signed by the attending physician and completely filled in by the funeral se as the buriol-transit permit. Then please remave carbon papers. Pages I and 2 th prior ta buriol, cremotion, ar remaval, and in any event, within 72 hours after doubted. | 1 PLACE OF DEATH a. COUNTY Prince Georges MARYLAND | 2 USUAL RESIDENCE (Where deceased lived, if institution Resonstitute of STATE b. COUNTY Maryland Prince | sidence before admission) |
| bon papers. Pages I within 72 hours after | b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly 16 days | c CITY OR TOWN (If outside corporate limits, write RURAL and | give neorest fown) |
| in the ers. | d NAME OF HOSPITAL OR INSTITUTION (If not in hospita, give street address) | d STREET ADDRESS | 8 IS RESIDENCE ON A FARM? |
| Pali de 4 | Prince Georges General Hospital | 723 60th Ave., | YES NO |
| wit wit | 3 NAME OF First Middle DECEASED | Lost 4 DATE Manth OF | Doy Year |
| omplete ve carb event, | (Type or print) Laura | Hawkins DEATH Aug | IDER 1 YEAR IF UNDER 24 HRS |
| and completely fremave carban any event, wit | | lost birthdoy) Mont | |
| rem in an | Female Negro WIDOWED DIVOKCED 100 JSJAL OCCUPATION (G ve kind of work done 10b KIND OF BUSINESS OR | 8 May 1900 66 yrs 1) BIRTHPLACE (County & Stote, or foreign country) 1: | 2 CITIZEN OF WHAT |
| ysician ond co pleose rema al, and in any | during most of warking life, even if retired) None None | New York | COUNTRY? |
| S G | 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME MIPLU | 117 |
| a a a | WARDER Reteason | Luce Vinginia & Hokas | wa |
| attending Bry permit Then ion, ar remava | (Yes, no, or unknown) (If yes give wor or dates of service) | INFORMANT Address | |
| attend permit ion, ar | No None 17 | as Vinginia Angleston goo | 6 Wallner 114 |
| an. by the atter transit pert cremotion, | 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b) ond (c).) PART I DEATH WAS CAUSED BY | War Flower | INTERVAL BETWEEN ONSET AND DEATH |
| signed by the buriol-transit buriol, cremoti | IMMEDIATE CAUSE (6) SALGEAU VANOVO | That Called | |
| buriol, buriol, | Conditions, it any, which gove) the Can can ome | atales | |
| the bu | rise to immediate cause (a), stating the underlying cause DUE TO Metastasis : | from Colon | |
| prior tal | last (c) Metastasts | | |
| 를 길 | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO 200, ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED OF CONTRIBUTING CAUSE OF DEATH OF THER NOTIFY MEDICAL EXAMINERS | | 19 WAS AUTOPSY PERFORMED? YES NO |
| g, a | |), (Enter noture of injury in Part I ar Port II of item 18.) | |
| | Hour o.m. p.m. 19 While Not While of work of work | ACE OF INJURY (Home, farm, ctory, street, affice bldg., etc.) | (Caunty) (Stote) |
| ld be | 21. I certify that (%) (this haspital) attended the deceased fram_ | July 16 , 1966 , to August 1 , at death accurred at 6.00 AM, from causes and a | 19 <u>65</u> , that (%) (we) last |
| director, page 3 shauld be detached should be filed with the State Dept. at | saw the deceased alive an August I 1986, and th | 221 | b. DATE SIGNED |
| d wi | (Sucas MM Laurin. | | August 1, 19 |
| tile / | 22c. PHYSICIAN'S NAME (Type) Aprils McLaurin M. D. | 22d ADDRESS | :11a W2 |
| should be | Jing do Hondar any mass | 3415 Hamilton St. Hyattsv | |
| should | 230 BURAL REMATION, REMOVAL (Specify) 23b DATE THEREOF 23c. NAME OF CEMETERY OF CEMETER OF CEMETERY OF CEMETERY OF CEMETERY OF CEMETERY OF CEMETER OF CEM | Memorial Suffland | (County) (State) |
| 5 (4) | 24 FUNERAL DIRECTOR ADDRESS | - 1200 | RS SIGNATURE Judge |
| 1/66 1/2 | 173 11 00 mild & do 4923 De | one Grate AUG 5 1966 | 0 0 |



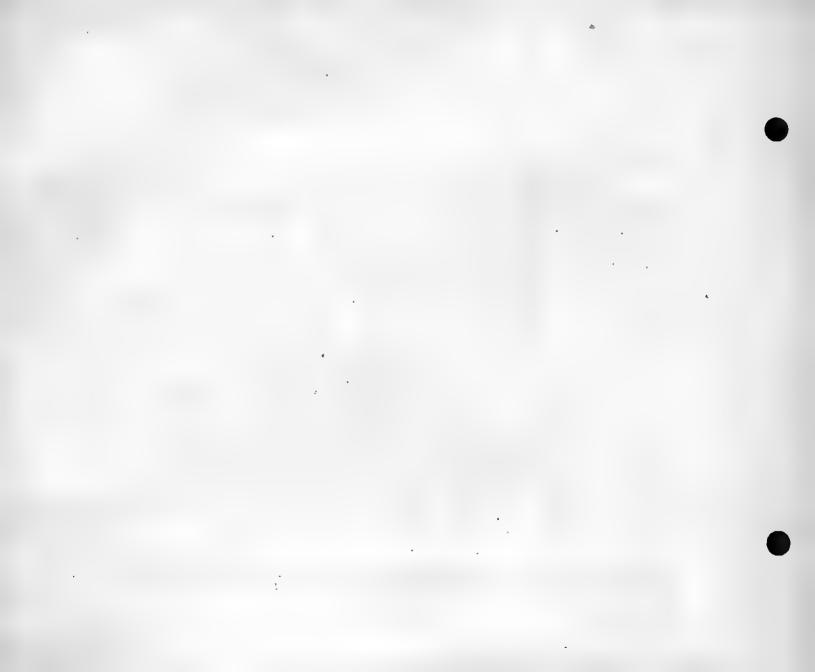




MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLI CERTIFICATE OF DEATH 1. PLACE OF DEATH a. COUNTY 7 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) b. COUNTY 24 hours after MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest Yown) c. LENGTH OF STAY IN 1b Torest Ville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? NO F death certificate be executed within 3. NAME DF DECEASED Middle DATE (Type or print) DEATH 5. SEX 6. COLOR OR RACE AGE (In years) IF UNDER 1 YEAR 7. MARRIED **NEVER MARRIED** last birthday Months ЕШ em218 WIDOWED IV DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR UNDUSTRY physician in please r val, and in RTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during gost of working life, even if retired) COUNTRY? of ausewite ome 13. FATHER'S NAME MOTHER'S MAIDEN NAME remova ed by the attending paramit. Then cremation, or remove 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN Address (Yes, no, or unknwn) | (If yes give war or dates of service) None None 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN law requires that the ONSET AND DEATH -transi PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, If any, which (b) gave rise to immediate **DUE TO** cause (a), stating Qυ ezrs underlying cause last. (c) 8 WAS AUTOPSY PART II. OTHER SIGN IFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES T NO F 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While While at work at work p.m. 21. I certify that (i) (this hospital) attended the deceased from DIRECTOR: age 3 shoul led with th 1966 ugust saw the deceased alive on. and that death occurred at//2 **ZM.** from the causes and on the date stated above. DATE SIGNED 22a. SIGNATURE 22b. ATTENDING PHYS. oust 21 DIRECTOR O HOSPITAL director, p ADDRESS FUNERAL PHYS ICIAN 4/0W NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 1 23b. DATE THEREOF REMOVAL (Specify) Arlington National Cemetery - Arlington, Virginia Burial 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Wash. FONERAL DIRECTOR Bros. 1661- Good Hope RD. SE. DO: VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and 2 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY after PRINCE GEORGE'S MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 15 write RURAL and give nearest town) hours ANDREWS AIR FORCE BASE DAY ROSE HAVEN 2. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS filled bon papers. within 72 h e. IS RESIDENCE ON A FARM? HOSPITAL ANDREWS NO X YES within etely bon p NAME OF First Middle Last 4. DATE Month Day Year DECEASED event, (Type or print) AXEL (NMN) HOLMES DEATH 29 19 66 AUGUST executed ACE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Oays | Hours | Min. 5. SEX 6. COLOR OR RACE DATE OF BIRTH 9. 7. MARRIED NEVER MARRIED WIDOWED X DIVORCED [3 MALE **CAUCASIAN** APR 1885 81 vrs. 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) certificate be INDUSTRY COUNTRY? U.S.A. BUILDING ENGINEER RETIRED SWEEDEN 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME UNKNOWN HNKNOWN 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unkown) (If yes give war or dates of service) 16. SOCIAL SECURITYNO. 17. INFORMANT (SON) Address death HERBERT HOLMES-SAME AS ABOVE UNKNOWN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH been signed by the burial-transit or to burial, creman PART I. DEATH WAS CAUSED BY: aralac IMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which gave rise to immediate has been as the prior to DUE TO cause (a), stating the underlying cause last. (c) CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(2) r this certificate hadefached for use a detached for use a te Dept. of Health p PERFORMED? YES VV NO 20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bidg., etc.) Hour a.m. After Id be de State Not While at work While p.m. at work , 19 66 to 29 AUG 21. I certify that XIX (this hospital) attended the deceased from 28 AUG . 19 66, that OK (we) last DIRECTOR: /
age 3 should
iled with the and that death occurred at 1 1 5 M. from the causes and on the date stated above. saw the deceased alive on 29) ALIC 22a. SICNATURE 22b. DATE SICNED **6**8 filed ATTENDING M.D. PHYS. DIRECTOR PHYS. тау director, pa PHYSICIAN'S 22d. ADDRESS HOSPITAL USAF NAME (Type)
THOMAS J IENE CAPT USAF FORCE BASE WASH DC LOCATION (City, town or county) 2 1 3500 BURIAL, CREMATION. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 8-31-66 Leels Crematory Washington, D.C. emation 25a. REC'D BY REGISTRAR! 25b. REGISTRAR'S SICNATURE 24. FUNERAL DIRECTOR ADDRESS 966 VR A15 (4) FUNLEAL HOME DATE 20M 1/65



| 10- | I (M | MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 |
|---|---|--|
| | ~ ~ | 11764 CERTIFICATE OF DEATH |
| er death | by the funeral . Pages 1 and 3 naurs after death | 1 PLACE OF DEATH O. COUNTY O. COUNTY O. STATE O. STATE O. STATE O. STATE O. STATE O. COUNTY D. C. COUNTY |
| haurs af | ely filled in by the funeral ban papers. Pages 1 and 2 within 72 haurs after death. | b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) A SHINGTON, D. C. TOWN (If outside corporate limits, write RURAL and give nearest town) WASHINGTON, D. C. TOWN (If outside corporate limits, write RURAL and give nearest town) OR TOWN (If outside corporate limits, write RURAL and give nearest town) OR TOWN (If outside corporate limits, write RURAL and give nearest town) OR TOWN (If outside corporate limits, write RURAL and give nearest town) OR TOWN (If outside corporate limits, write RURAL and give nearest town) OR TOWN (If outside corporate limits, write RURAL and give nearest town) OR TOWN (If outside corporate limits, write RURAL and give nearest town) |
| n 24 | illed is paper hin 72 | CARROLI MANORN. H. 4922 LA SPIL PL. 2701 COMPIC CTICUT YES NO I |
| cuted withi | and completely filled in rémo <u>ve,</u> caban papers. n any event, within 72 h | 3. NAME OF DECEASED (Type or print) S SEX 6. COLOR OR RACE 7. MARRIED NEVER M |
| ate be exe | ician and 6 lease rémo and in any | TOD USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10. SINAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11. BIRTHPLACE (County & Stote, or foreign country) 12. CIT ZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME |
| certific | y phys hen p noval, | SAMUEL HOOVER PANNE MARROWEY |
| death | ermit. T n, ar rei | 15 WAS DECEASED EVER IN C S ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or Junknown) (If yes give wor or dates of service) 579 56 8628 S.P. PARK. CARROLL MAN. O. W.H. |
| w requires that the death certificate be executed within 24 havrs after death | Page 4 may be retained by the haspital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and <u>cample</u> director, page 3 shauld be detached far use as the burial-transit permit. Then please réma <u>ve</u> ca shauld be filed with the State Dept. af Health priar to burial, cremation, ar removal, and in any event | 18 CAUSE OF DEATH (Enter on y one couse per line for (o), (b), and (c)) PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate couse (o), stoting the underlying couse lost. (c) INTERVAL BETWEEN ONSET AND DEATH |
| The Ic | has k | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO [2] |
| PHYSICIAN: | by the haspital ar attending tfer this certificate has been be detached far use as the State Dept. af Health priar ta | PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) 200. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) |
| 5 P.H. | the her this detact | 20c. TIME OF INJURY Month, Doy, Yeor Hour o m. p.m. 19 |
| ENDIN | ed by R: Afte Jid be he Sta | 21. I certify that (I) (this hospital) attended the deceased fram formula 1, 19.35, to change 19 6 (that (I) (we) last saw the deceased glive an 8 8 19.66 and that death forward at 4.50 M, fram causes and an the date stated above. |
| L OR ATTENDING | Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar to | 22a. SIGNATURE Therefore M.D. PHYS DIRECTOR PHYS. 22b. DATE SIGNED 22c. PHYSICIAN'S |
| SPITA | 4 may | NAME (Type) MICHAEL S. MCINERNEY 9/6-19 4 St. Washington S. |
| TO HOSPITAL | Page TO FU} direct shau | 23d BURIA, (REMATION, SEMOVAL (Specify) 8-16-66 ROCK (REEK EM. WASHINGTON), C. 24 FUNERAL DIRECTOR ADDRESS 250, BECD BY REG. STRAR 250, REGISTRARS SIGNATURE |
| | VR A15 (4) 20 M 1/66 | Jos. GANLER'S SONS, 5130 WIS AVE, NN, WASH. D. C. SUB 16 16 1966 Charles Judge |



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11765 CERTIFICATE OF DEATH PHYSICIAN: The low requires though death certificate be executed within 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) rince ompletely filled in by the fur we carbon papers. Pages 1 event, within 72 hours after MARYLAND c. LENGTH OF STAY IN 16 (If outside carparate limits, write, RURAL and ave nearest town) anham e IS RESIDENCE ON A FARM? not in hospital, give street address d. STREET ADDRESS NO X NAME OF remove carbon Middle DATE Manth Last completely DECEASED OF DEATH 9. AGE (In years S. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED JF UNDER 1 YEAR IF UNDER 24 HRS Months Hours cremation, or removal, and in any DIVORCED WIDOWED gud 10a USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR oreign country) 12 CITIZEN OF WHAT g mat, of working life, even if retired physicion rennsulvani 13 FATHER S WAME . MOTHER'S MAIDEN attending phys 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, no on aknown) (If yes give wor or dotes of service) 577-01-253 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c) INTERVAL BETWEEN signed by the burial-tronsit p PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Poge 4 may be retained by the hospital or attending physicion **DUE TO** Conditions, if any, which gave (b) rise ta immediate cause (a), DUE TO ied for use as the t stoting the underlying cause hos been last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION YES NO this certificate 20g. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH be detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d, INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) Hour o.m. factory, street, office bldg, etc.) Not While at work 21. I certify that (I) (this hospital) attended the deceased fram 19 6 4 that (1) (we) las 40 M, fram causes and an the date stated above , and that death accurred at TO FUNERAL DIRECTUR: saw the deceased alive an_ 22a SIGNATURE 22b. DATE SIGNED STAFF PHYS **ATTENDING** director, page 3 should be filed v PHYS DIRECTOR 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) AWTENCE 23a BURIAL CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR EXEMPLES 23d LOCATION (City or Town) (County) (State) Colmar Manor, Md. REMOVA. (Specify) Ft Lincoln Cemetery Aug 5, 1966 Burial 2So. RECD BY REGISTRAR 24 FUNERAL DIRECTOR **ADDRESS** liances VR A15 (4) 20 M 1/66 Gasch's Sons Hyattsville, Md. DATE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11765 CERTIFICATE OF DEATH er deoth. requires that the deoth certificate be executed within 24 hours after death ond completely filled in by the funeral terrores. Pages Land in any event, within 72 haurs after deott 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution o. COUNTY o. STATE b. COUNTY Prince Georges Prince Georges Marvland MARYLAND c CITY OR TOWN (If outside corporate limits, write RJRAL and give nearest fown) b CITY OR TOWN (f outside corporate limits, c LENGTH OF STAY IN 16 write RURA, and give nearest town) Capitol Heights Chevelry 8 days d. NAME OF HOSPITA, OR INSTITUTION (if not in hospital, give street address) e IS RESIDENCE ON A FARM? d. STREET ADDRESS Prince Georges General Hospital YES NO 821 59th St 3. NAME OF Middle Lost 4. DATE Month Doy Year DECEASED (Type or print) Evelyr Jackson DEATH IF UNDER 1 YEAR S SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9 AGE (In years IF JNDER 24 HRS 7 MARRIED NEVER MARRIED lost birthday) Months Doys Hours cremation, or removal, and in any WIDOWED DIVORCED White Feb. **Female** 191 On USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BRIHP ACE (County & S. te. or foreign country)
Washington, D. C. 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY?U.S.A. INDUSTRY signed by the ottending physicion buriol-transit permit. Then please Hossewife 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME Alice E. King Thomas A. Shaw 1s. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT 4900 permit. L Street Jackson (Yes, no, or unknown) (If yes give wor or dates of service) Hillside. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN PART I DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) physicion. DUF TO Conditions, if ony, which gove rise to immediate couse (a), DUF TO stating the underlying cause Page 4 may be retained by the haspital ar ottending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) CERTIF CATION NO 200 ACCIDENT WAS UNDERLYING [205, DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY DCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Stote) 20c. TIME OF INJURY Month, Doy, Year (County) Hour o.m. fectory, street, office bldg . etc.) Not While of work at work 21. I certify that (I) (this haspital) attachded the deceased fram. 19 _ that (1) (we) last 19 6 6, and that death accurred at OVAM M, from causes and on the date stated above saw the deceased alive an, 22o. SIGNATURE 22b. DATE SIGNED ATTENDING DIRECTOR PHYS 22d ADDRESS 22c. PHYSICIAN S NAME (Type) BURIAL EREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) Suitland, Maryland Cedar Hill 24 FUNERAL DIRECTOR **ADDRESS** 2So REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE VR A15 (4) DATE AUG 1956



| 1 (NA) | MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 | |
|---|--|--------------------|
| FOR STATE | 11767 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 11762 | |
| HEALTH DEPT. | 1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased I ved, if institution Residence before admissing a STATE b COUNTY. | on) |
| If CTy delay is 1, 2, and 3 to rem PM3. Page Department of urs ofter death | Prince George's MARYLAND Maryland Prince George's b CTY OR TOWN (If outside corporate . mits, write RURAL and give nearest tawn) write RURAL and give nearest tawn) | |
| Crry delta. 2, ond page PM3. epartme | Riverdale DOA Takoma Park /6 -1 d. NAME OF HOSPITAL OR INSTITUTION (If not in base-tal, give street address) d. STREET ADDRESS le IS RESII | DENCE |
| N.D 9 5 | WHOMEVELS I VINCIAL HOME | NO x |
| ve Pour y with y with the St | 3 NAME OF First Middle Lost 4. DATE Month Day Yes OF OF DECEASED (Type or print) Emil Johnston DEATH 8 3 19 | 66 |
| ofter death 8. Give Pog olong with with the Sto | S SEX 6 CO.OR OR RACE 7 MARRIED MEVER MARRIED B DATE OF BIRTH 9 AGE (In years ast birthday) Mainths Days Hours | R 24 HRS |
| 24 hours ofter death I in Item 18. Give Poges r's Office along with for t ss I and 2 with the State ny event within 72 hou | Male White WIDOWED D VORCED 6-6-1887 79 yrs 100 SUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (State ar fareign country) 12 (1112EN OF WHAT COUNTRY? | <u> </u> |
| 24 in ris ss l | Retired Carpenter Carpenter Finland U.S.A. I3 FATHER'S NAME 14 MOTHER'S MAIDEN NAME | |
| \$ 35 A P 2 | Inknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address | |
| executed ending" in f Medical 5 it permit. F | (res, na, ar unknown) (li yes give war or dates at service) No Richard Barber Takoma Park, Marvl | and |
| the should be the ward "put of the Chief o burial-transi | 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Acute pericarditis Canditions, if any, which gave rise to immediate cause (a), stoting the underlying cause (c) INTERVAL BET ONEST AND D Cays DUE TO (b) DUE TO (c) | IWEEN |
| his certifica ate, writing he farworder be used os to buriol, c | PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS ALTE PERFORM YES TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) | OPSY IED? NO |
| 변유 끝요 | PERFORM YES 200 EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CONTRIBUTING CAUSE OF DEATH 200 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of Item 1B) | |
| | 20c. TIME OF N.JRY Manth, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Frame farm, 20f (City or town) (County) (Haur a m. p m 19 of work of wor | (Stote) |
| AL AL TOTAL | 21. I certify that I taak charge of the remains described above, held an Autapsy 🐷 , Inspection 🐷 , Inquiry 🔯 , and in my death resulted fram. Natural causesy 🐷 , Accident 🔲 , Suicide 🔝 , Homicide 🔝 , Undetermined manner | op'n'on |
| ITY MEDICAL PROPERTY, please ereol director be retained RAL DIRECTOR its design | ACTUAL SIGNATURE ACTUAL M.D. ASSISTANT MEDICAL EXAMINER 22. DATE | SIGNED |
| O DEPUTY necessary, the funerol 5 may be 0 FUNERAL | dame (1), or | - 66 |
| TO D TO FR | REPORTS. (Spec by Cheswork-1961 Kbo Herd Porm. Kepp Kd & Sex | The state |
| VR AISME TEN | 24. FUNDANCE PROTECTION 25 HERES SHOWING STATE AUG 8 1966 Persones Such State State AUG 8 1966 Persones Such | ge_ |

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 24 hours after death. by the funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY Prince George's Prince George's MARYLAND b. CITY OR TOWN (If outside corporate mits, CLENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neorest town)
Cheverly oon popers. Pag within 72 hours 21 hr. 35 min. Hvattsville and completely filled in d STREET ADDRESS e IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) Erince George's General Hospital 3985 Warner Avenue YES NO The low requires that the death certificate be executed within 3. NAME OF Middle Lost 4. DATE Manth remove carbon Year DECEASED (Type or print) OF DEATH Baby Boy Jones August 19 66 S. SEX IF UNDER 1 YEAR | IF UNDER 24 HRS AGE (In years 6 COLOR OR RACE 8. DATE OF BIRTH 7 MARRIED NEVER MARRIED lost birthdoy) Months Days Male White WIDOWED DIVORCED August 2, 1966 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? Prince George's Maryland USA 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jerald Douglas Jones RoseAnn Sullivan IS WAS DECEASED EVER NUS ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) Mother N/A As above burial, cremation, 18 CAUSE OF DEATH (Enter on y one couse per line for (b), (b), and (c)) INTERVAL BETWEEN signed by the burial-transit p PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (c) Page 4 may be retained by the hospital or attending physicion. DUE TO Conditions, if any, which gave rise to immediate cause (o). DUE TO stoting the underlying cause After this certificate has been be detached for use as the State Dept. of Health prior to last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? NO [200 ACCIDENT WAS UNDERLYING [205, DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Hour o.m. factory, street, affice bldg , etc.) TO FUNERAL DIRECTOR: After 21 | certify that (I) (this tospiss) attended the deceased fram August 2 19 66 to August 3, 19 66, that (I) (We) last sow the deceased alive ap August 2 19 66, and that death occurred ap: 00AM, from causes and on the date stated above director, page 3 should should be filed with the 22b DATE SIGNED 22p. SIGNATURE MED DIRECTOR STAFF August 3, 1966 22d ADDRESS 22c PHYSICIAN'S Milos 7403 Varnum Street, Landover Hills, Md. NAME (Type) Jansa M.D 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a BURIAL, CREMATION (County) (Stote) Cremation 8/6/66 Prince George's Gen. Hosp Cheverly Maryland 256. REGISTRAR'S SIGNATUR FUNERAL DIRECTOR Penn APDRESS 2So REC'D BY REGISTRAR Harry ravily Administrator, Cheverly, Md

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution, Residence basing admission)
a. STATE MARY LAND.
b. COUNTY PRINCE GEORGES a. COUNTY 316 Manol Ward DR. Rince b. CITY OR TOWN (it butside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Write RURAL and give nearest town) Nyatts ville - Mid d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 6. IS RESIDENCE d. STREET ADDRESS rbon NAME DE Middle DATE Month DECEASED event, (Type or print) DEATH 1966 01 (e) 6. COLOR OR RACE S DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Months I and c Days Hours WIDOWED [DIVORCED [1Da. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR physician and please re Ξ 11. BIRTHPLACE (County & State, or foreign country) | 12. CITIZEN OF WHAT certificate be during most of working life, even if retired) INDUSTRY COUNTRY? апр ENGINEER CRANF SPERATOR removal. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Rne 15. WAS DECEASEDEVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT PAS RUTH M.JONES SAME 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) TROIR CITT OF 240 m 13/16 been signed the burial-transfer to burial, cre Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Empity JEMA NO D YES 20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Infury in Part I or Part II of Item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (State) 120e, PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) factory, street, office blog., etc.) Hour a.m. While Not While at work at work Р - 17 76 6 1966 to 1966 that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from... DIRECTOR: age 3 should led with the 19 6 6, and that death occurred at // f'M, from the causes and on the date stated above. saw the deceased alive on. 22a SIGNATURE 22b. DATE SIGNED page filed M.D. PHYS. DIRECTOR тау director, page should be fil TO HOSPITAL PHYSICIAN'S 22d. ADDRESS NAME (Type) NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 1 23b. LOCATION (City, town or county) REMDVAL (Specify) 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE 966 20M 1/65

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11770 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before agmission) o COUNTY o. STATE b. COUNTY death Prince George's MARYLAND Maryland Prince George's b CITY OR TOWN (f outside corporate limits write RURAL and give nearest town) E LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and after (Cheverly TIOA Mt. Rainier d NAME OF HOSPITA. OR INSTITUTION (If not in hospital, give street address) e S RESIDENCE d STREET ADDRESS Der ate De ON A FARM? 8. Give Pages Prince George General Hospital 4310 Kaywood Drive. NO S after death. NAME OF Mindle 5 2 Lost 4 DATE Dov Year DECEASED (Type or print) S Elizabeth Jovce alang DEATH 19 66 with. ZEX. 6. COLOR OR RACE IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED B DATE OF BIRTH AGE (In years IF UNDER 24 HRS. lost birthdov) Months Dovs Hours WIDOWED DIVORCED event Female White 1908 Jan. Item and 100 LSUAL OCCUPATION (Give kind of work done 10b K ND OF BUSINESS OR -11 BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT during most of working life even fretired) Auo pages pencil 13. FATHER'S NAME MOTHER'S MAIDEN NAME _ and مثنا IS. WAS DECEASED EVER IN U.S. ARMED FORCES? This certificate should be executed 16 SOCIAL SECURITY NO ward "pending" , the Chief Medical permit. (Yes, no, or mknown) [(If yes give wor or dates of service removal HOSPITAL IB CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY 5 IMMEDIATE CALSE (a) Heart failure writing the word cremation, DUE TO From arteriosclerotic heart disease over 10 yrs **burial** 1 Conditions, if any, which gove farwarded ta rise to immediate couse (a), DUE TO stoting the underlying couse 0 SO lost. burial, used (PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY PERFORMED? the certificate, P YES NO To be. 200 EXTERNAL CAUSE WAS priar 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of item 18) 3 shauld PRIMARY Or CONTRIBUTING should TAL EXAMINER: CAUSE OF DEATH. 20c TME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form (City or fown) (County) (Stote) Hour o.m. may be retained for your FUNERAL DIRECTOR: Page While Not While foctory, street, office bldg., etc.) of work at work 21 I certify that I took charge of the remains described above, held on Autopsy Inspection 30. Inquiry (3) and in my opinion the funeral directar. Natyrol causes x Accident deoth resulted from Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER **SIGNATURE** O DEPUTY DEPUTY MEDICAL EXAMINER TO **EXAMINER'S** John Kehoe, M.D. Riverdale. Md. O FUNE Health NAME (Type) Address (Street, city, town, or county) BUR AL CRÉMATION DATE THEREOF 23d_LOCATION (City or Town) (County) RLINGTON FAINERAL DIRECTOR 2So. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE VR A15ME (5) 1966 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. \$-1771

| | CE OF DEATH | ince Ge | orges | N | ARYLAND | 2. USUAL o. STAT | RESIDENCE (V | Where decease | d lived. If institut b. COUNTY | | ce before | admission) |
|---------------|--|--|---------------|-------------------|------------|---------------------|------------------|------------------------|------------------------------------|--------------|--------------|--|
| h (| | autside carparate f | | c LENGTH OF S | | c CITY | OS TOWN III | BLELGL | prote limits, write | PI DAL sed | (4 6 | |
| 8 | RURAL and give ne | prest fawn) | | 9.0 | ers | C. Citt | | nsbur | | KUKAL BIIG Ç | live neare | nt tawu) |
| 42 | NAME OF HOSPITA | AU (If not in hospital | _ | | | 4200 | ET ADDRESS | | dilltop | Mano | No. 1 | IS RESIDENCE ON A FARM? YES NO A |
| DEC | ME OF CEASED pe or print) | E | First LMor | | ddle | KIGH! | Plast | 4. DATE OF DEATH | Aus | | 29. | Year |
| 5. SEX | ale | 6. COLOR OR RAC | E 7. MARRII | | ARRIED [| B DATE OF | | 1892 | 9. AGE (In years last hirthday) | Months | | F UNDER 24 HRS. Hours Min |
| 10a u Ma | SUAL OCCUPATIO | N (Give kind of wo ng life, even if retir | k done 10b K | k O. Ra | ss or indu | n 18 n n | | te ar foreign o | | 12. CIT | | WHAT COUNTRY |
| | THER'S NAME | | | | | 14 MOTH | ER'S MAIDEN | NAME | | | | |
| Em | ook Kig | ht | | | | Ur | akao w | l. | | | | |
| IVes, no. | | IN U. S. ARMED FI 1 yes, give war or dates the second second | | OCIAL SECURITY | | NFORMANT Stell: | Eli2 | abeth | Kight. | #2 | • 25 | Item |
| 18. | | TH [Enter only one H WAS CAUSED BY IMMEDIATE CAUSE | 6 / 12) | for (0), (b), and | (c)] | F | hros | mfa | sis | | | VAL BETWEEN T AND DEATH |
| 9 | # 7 i j Conditions, if on gave rise to in ause (a), stating t | mediate (Delle | (b). (a | ronor | 7 d | Heri | Se | leso | eis . | ` / | Ger | no |
| | PART II. OTH | ER SIGNIFICANT CO | CONDITIONS CO | ONTRIBUTING TO | OCEATH BUT | NOT RELATE | D TO THE TER | MINAL DISEAS | SE CONDITION GI | VEN IN PART | ,,,, | WAS AUTOPSY PERFORMED? |
| CERTIFICATION | ACCIDENT WAS R CONTRIBUTING EITHER, NOTIFY | S UNDERLYING CAUSE OF DEAT | 206 DESCI | RIBE HOW INJUI | Y OCCURRE | D. (Enter nati | ire of injury in | n Part I ar Par | rt II of item 18.} | | | YES [] NO [|
| 1 1 | TIME OF INJURY Hour o.m. p. m. | Month, Doy, | While | JURY OCCURRED | fe | ACE OF INJU | | | y or tawn) | (C | County) | (State) |
| al AG | I. I certify the | at I attended to | O U | | hat death | n accurred | 318 | | | and an H | | the decease stated above DATE SIGNE 8/29/66 |
| PH N/ | HYSICIAN'S AME (Type) | BYTON | 10, | , WAT | FILIN | S | 136 | Poder | usbur | 3 7 | 20- | -l_ |
| | URIAL, CREMATION EMOVAL (Specify) | 0 / / | 66 66 | Trinit | y Cer | netery | | Uppe | TION (City, town) | | Mar | (State) 'yland |
| | neral director's | signature ros.Fun | 1 Hon | ADDRESS Me-Uppe | | Md. rlbord | | SEP 2 | 1966 1966 | | NATURE | Judge |

VS A1S (4)



| 1 | Division af | | RYLAND STATE DEF H AND RECORDS, 301 | | ALTH F, BALTIMORE, MARYLA | ND 21201 |
|---|---|--|---|---|--|--|
| | 11772 | | CERTIFICATE | OF DEATH | | 11766 |
| | o. COUNTY Sirenel | Lengie | MARYLAND | 2 USUAL RESIDENCE (WK | ere deceosed lived if institution b. COUNTY | |
| | b CITY OR TOWN (If outside corpor write RURAL and give nearest) | | LENGTH OF STAY IN 16 | Tryatte | de corporate imits, write RURA. | |
| 4 | d NAME OF HOSPITAL OR INSTITUT | 110N (If not n hospital, give : | street oddress) | 65/2 | Heit live | e. IS RESIDENCE ON A FARM? YES NO |
| | NAME OF DECEASED (Type or print) | CHARLES | Middle . | Kincuid | OF Cruguet | 2 2 y 196 L |
| | male what | WIDOWED 5 | NEVER MARRIED B | Sep. 21,19 | 02 (03 yrs. | F UNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours Min. |
| - | o USUAL OCCUPATION (Give kind of a supply mast of working I te, even if retri | red) (\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | S.D.a. Ors. | 11 BIBTHPLACE (Columny 8 | la. | 12. CITIZEN OF WHAT COUNTRY? |
| L | FATHERS NAME | in F. Kir | nocial | 14 MOTHER'S MAIDEN NA | e- E. 35 a | |
| | S WAS DECEASED EVER IN U.S. ARMET Yes, no, or unknown) (If ye) give wo | ror dotes of service) 231 | AL SECURITY NO 17 II | L'altur | (in Card | Sme (#2 |
| | 1B. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSEI IMMEDIA | ly one couse per line for (o), D BY: ATE CAUSE (o) | (b), and (c)) | Thompson | | ONSET AND DEATH |
| ı | Conditions, if ony, which gave rise to immediate couse (a), | (0) | Artenard | ertifer | I Disagne | |
| | stoting the underlying couse (| C) | | | ISIAN CURN IN MARY U.S. | 10 MAS AUTODSY |
| | PART II. OTHER SIGNIFICANT CON | | | | | 19 WAS AUTOPSY PERFORMED? YES NO |
| | | EATH INER) | BE HOW INJURY OCCURRED (| | <u> </u> | (5) |
| | p.m 2 | 19 While of work | Not While Gode | E OF INJURY (Home, form, ory, street, office bldg., etc.) | 20f. (City or town) | (County) (Stote) |
| | saw the deceased ali | (this hospital) attended we on | the deceased troing | deoth accurred of | 13SAM, from causes a | , 19 <u>8-4</u> , that (I) (we) last and an the date stated abave 22b. DATE SIGNED |
| | 22c PHYSICIAN'S | uld Ci | E Syremo | ATTENDING NO D | NED. STAFF PHYS | 8/22/66 |
| 1 | NAME (Type) 30 BURNAL CREMATION 23b | DATE THEREOF 12 | COVEN 30 NAME OF CEMETERY OR O | 1 Hyal | 23d LOCATION (City of Your | (County) (Stote) |
| | REMOVAL (Specify) 24. FUNERAL DIRECTOR / | 124/66 | Rose Ha | -ven | Blacksbu | SYCI WATURE |
| | 1 200 | the Sone | Hvallsvi | 1 1 11 11 11 | 3 2 5 1966 8 | harles Judge |



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) physicion and completely filled in by the funeral on please remove corban papers. Poges I and oxid, and in any event, within 72 hours after defit Prince George's b COUNTY ince George's MARYLAND c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) b CITY OR TOWN (if outside carparate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 22 days Riverdale Cheverly d STREET ADDRESS e. IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (It not in haspital give street oddress) Prince George's General Hospital 5400 Paterson Road NO DC 3 NAME OF DECEMSED Middle Last 4. DATE Month Day Year A. King Ralph DEATH August 19 66 (Type or print) AGE (In years IF UNDER 24 HRS S SEX 6 COLOR OR RACE 7 MARRIED R NEVER MARRIED B. DATE OF BIRTH IF UNDER last b rthday) Months Days July 4, 1886 WIDOWED DIVORCED [White Male 10o USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT 10b KIND OF BUSINESS OR during most of working life, even fretired) Buildings COUNTRYS Ohio Retired Brick Mason 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frank King Elizabeth Young IS. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, ar unknown) [(If yes give war or dates of service)] 16. SOCIAL SECURITY NO 17 INFORMANT Address Amy L King East Riverdale, Md. no INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).)
PART I DEATH WAS CAUSED BY buriot-transit ONSET AND DEATH IMMEDIATE CAUSE (a) Š DUE TO Conditions, if any, which gave nse ta immediate cause (a), DUE TO stating the underlying couse Poge 4 may be retained by the hospital ar ottending O FUNERAL DIRECTOR: After this certificate has been as the prior to 1 last. 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) detached for use te Dept. of Health r I'mbericlas tes 205 DESCRIBE HOW INJURY OCCURRED) (Enter nature of injury in Part I ar Part II af item 18.) 20g ACCIDENT WAS UNDER, YING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, (City or town) (County) (State) 20c TIME OF INJURY Manth, Doy, Year factory, street, affice bldg , etc.) at wark at wark 19 66 to August 1 19 66 that ** (we) lost 21 1 certify that xix (this hospital) attended the deceased from July 9 sow the deceosed alive an August 1 19 66, and that death occurred at 20AM, from causes and an the date stated above 22b DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. MED. DIRECTOR M.D. 22d ADDRESS 3308 DodgePark Rd., Landover, Md. 22c. PHYSICIAN S Max M. Herzberg, NAME (Type) 23d LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, 23b DATE THEREOF (County) Colmar Manor, Md. Pro Geo Aug 3, 1966. Ft Lincoln Cemetery 256. REGISTRAR'S SIGNATURE 250 REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 1966 . Gasch's Sons Hyattsville. Md.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) PLACE OF DEATH Prince George's b. COUNTY Prince George's o. STATE Maryland MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 16 5 days Cottage City Cheverly d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS e IS RESIDENCE ON A FARM? Prince George's General Hospital 3719 42nd Avenue NOX X 3 NAME OF Middle Lost 4. DATE Month Year Kitson Dora August 11 66 19 DEATH IF UNDER | YEAR 6 COLOR OR RACE B. DATE OF BIRTH AGE (In years IF UNDER 24 HRS 7. MARRIED NEVER MARRIED birthdoy) Months Hours July 19, 1885 White WIDOWED X DIVORCED 11, BIRTHPLACE (County & Stote, or foreign country) 12 CIT ZEN DE WHAT 10b KIND OF BUSINESS OR COUNTRY? INDUSTRY Pairfax County, Va. 14. MOTHER'S MAIDEN NAME Tyler Rosina B. 16 SOCIAL SECURITY NO 17 INFORMANT Address 215-54-5126 (abotre ra ford INTERVAL BETWEEN ONSET AND DEATH

WAS AUTOPSY PERFORMED?

(County)

23d. LOCATION (City or Town)

Prancenia.

NO XX

(Stote)

DECEASED (Type or print) S SEX Female 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 13. FATHER'S NAME Cravin Simms 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) 1B. CAUSE OF DEATH (Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave (b) rise to immediate couse (a), DUE TO stoting the underlying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIB G TO DEATH BUT NOT RED TED TO THE TERMINAL DISEASE CONSULTON GIVEN IN PART 1(0) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) Not While at work 220. SIGNATURE 22b. DATE SIGNED TENDING STAFF August 11, 1966 DIRECTOR 22d. ADDRESS 22c. PHYSICIAN James W. Harding NAME (Typ 7601 Riverdale Rd., Lanham, Maryland

23c. NAME OF CEMETERY OR CREMATORY

eulah Cons.erv

unoral ADDRESS 1. U. Mallings

23b DATE THEREOF

Llev's

66'

230. BURIAL, CREMATION, REMOVA_(Specify)-

24. FUNERAL DIRECTOR 1 a

Home Inc.

requires that the death certificate be executed within 24 hours after death the attending physician and campletely filled in by the funeral sit permit. Then please remove carban papers. Pages 1 and nation, at removal, and in any event, within 72 haurs after death signed by the attending physician and burial-transit permit. Then please rem burial, cremation, ar removal, and in art Page 4 may be retained by the haspital or attending physician. has been ise as the the the prior to the TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us should be filed with the State Dept. of Healt

death

event

VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 24 haurs after death by the funeral Pages 1 and 100 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH b. COUNTY rince Georges o. COUNTY PrinceGeorges MARYLAND b CTY OR TOWN (If outside corporate imits, c LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town) District Haights' 24 hr Cheverly bon papers. within 72 ha d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? physician and campletely fitted in 26-2 Rochelle Prince Georges General Hospital YES NO 🗀 requires that the death certificate be executed within 3 NAME OF Middle 4 DATE Month Doy Year DECEASED Girl Knight Aug., Baby (Type or print) DEATH 19 S SEX AGE (In years IF JNDER 24 HRS 6 COLOR OR RACE B. DATE OF BIRTH IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED please remave tost birthday) Months Days WIDOWED DIVORCED 31 July 1966 White Female 100 USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State, or foreign country) 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT ands during most of working life, even if retired) COUNTRY? INDUSTRY Marvland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, cremation, ar removal, James Warren Knight Georgia Truelove Lee 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) Mr. James W. Knight (above address INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the burial-transit p ONSET AND DEATH PART I DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. DUE TO In hour Conditions, if any, which gave (b) rise to immediate cause (a), DUE TO as the priar ta t stating the underlying couse this certificate has been 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use State Dept. of Health None YES NO So 20g ACCIDENT WAS UNDERLYING □ 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached None (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (Stote) 20c TIME OF INJURY Month, Day, Year (County) Hour a.m. factory, street, office bldg., etc.) FUNERAL DIRECTOR: After deceased from 7/31 1966 to 8/1, 1966 that #7 (we) last 1966, and that death accurred 21,30AMM, from causes and an the date stated abave 21. 1 certify that * (this haspital) attended the deceased from director, page 3 should should be filed with the saw the deceased alive of 22a SIGNATURE 22b. DATE SIGNED DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S ERRY NAME (Type) 23g BURIAL CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Switland. Codar Harvland Cemetery 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 (4) Hone

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) p. COUNTY o. STATE Page b. COUNTY of Prince George's MARY, AND Maryland Prince George's b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) E LENGTH OF STAY IN 16 pup write RURAL and give nearest town) Cheverly 5 days Hvattsville d NAME OF HOSP TAL OR INSTITUTION (If not in hosp to, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Prince George General Hospital 1408 East West Highway YES NO DO 3 NAME OF 4 DATE Lost DECEASED OF Give (Type or print) Nancy Kvedarovicz DEATH S SEX 6. COLOR OR RACE NEVER MARRIED 9 AGE (n years 7 MARRIED 8 DATE OF BIRTH FUNDER 1 YEAR lost birthdoy) Item 18. Months Hours Doys haurs WIDOWED DIVORCED Office White Female _19_1951 100 USUAL OCCUPAT ON (Give light of work done during most of working life, exercit entired) 10b KIND OF BUSINESS OR 11 B RTHPLACE (State or foreign country) 12 CIT ZEN OF WHAT INDUSTRY COUNTRY? pages in any pencil 13. FATHER'S NAME-14. MOTHER'S MAIDEN MAM File and WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT ar remayal, (Yes, no, or unknown) (If yes give wor or dates of service 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) burial-transit PART I DEATH WAS CAUSED BY ONSET AND DEATH Laceration of brain IMMEDIATE CAUSE (o). days ward matian, From basal skull fracture DUE TO days Conditions, if ony, which gove (b) rise to immediate couse (a), certificate **DUE TO** 0 stoting the underlying couse used as burial, c PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. D SEASE CONDITION G VEN IN PART 1(0) 19 WAS AUTOPS PERFORMED? YES -NO IX 200 EXTERNAL CAUSE WAS PRIMARY S or CONTRIBUTING prior 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18) 3 should AL EXAMINER: CAUSE OF DEATH Passenger in car involved in a collision 20c TIME OF INJURY Month Doy Year 20d N.URY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) Hour om FUNERAL DIRECTOR: Page Wh le Not While Rt. 450 factory, street, office bldg etc.) While of work 2.21 am pm 8-6-8400 block Annapolis Rd. Landover Md. designated 21. I certify that taak charge of the remains described above, held an Autopsy Inspection 😿 , Inquiry . and in my opinion death resulted fram. Natural causes Accident by Suicide 🗌 Hamicide Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER X Riverdale, Md. John Kehoe, M.D. 8-11-66 Address (Street, city, towp, or county) 23c NAME OF COMETERY OR CREMATOR) 23 LOCATION (City or Town 0 250 RECOSTRAR'S SIGNATURE VR A15ME 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH

| 1 | | DEPARTMENT OF HEALTH | |
|---------------|--|--|-----------------------------------|
| | Items 11.12 Film 30 MEDICAL EXAMINER' | S CERTIFICATE OF DEATH | 73 |
| - | PLACE OF DEATH | 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before oc | lmission) |
| ı | o COUNTY Prince George MARYLAND | O STATE District of Columbia | |
| | b CITY DR TOWN (f outside corporate limits, write RURA, and give nearest town) | c CITY OR TOWN (If outs de corparate limits, write RURAL and give nearest to | wn) |
| L | Cheverly | Washington // 7 | |
| | d NAME DF HOSPITAL OR INSTITUTION (If not in hospital, give street address) | d STREET ADDRESS e S | RESIDENCE N A FARM? |
| | Prince George General Hospital | | NO 3 |
| - | NAME OF First Middle DECEASED | Lost 4. DATE Month August 21 | Year 66 |
| _ | (Type or point) Edna | Tiggins DEATH SERVIX | 19 UNDER 24 HRS |
| | HIPPOINTS TO THE PROPERTY OF | lost birthdoy) Months Doys H | ours Min |
| i | On 115, A1 OCC PATION (Give kind of work done) 10h KIND OF B. SINESS OF | Sept 47 yrs 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WI | HAT |
| Ġ | uring most of working life, even if retired) (NDUSTRY | North Carolina COUNTRY? | Λ |
| | 3. FATHER'S NAME | 14 MOTHER'S MAIDEN NAME | |
| | Mandrone | Numbrane 31 | |
| | IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. (Yes, no, or unknown) (Iff yes give war or dates of service) | INFORMANT Address | |
| | (1 45) give wall of dutes of service) | cimbo Luggens 1516 1 | 1 the 1 |
| | 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART 1 DEATH WAS CAUSED BY | INTERVI | AL BETWEEN AND DEATH Inutes |
| ı | MMEDIATE CAUSE (o) Heart failu | re Mi | nutes |
| | | rotic heart disease Over | r b Tr |
| | rise to immediate cause (a), | rotic heart disease Over | (10 JL X |
| | stating the underlying couse (c) | | |
| = | PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED T | O THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19 WA | S AUTOPSY FORMED? |
| TATIO | | AEZ [| NO [|
| CEPTICICATION | 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRE | D (Enter noture of injury in Port II or Port II of item 1B.) | |
| | | | |
| MEDIT AL | 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e in Mour o.m. 19 While Not While 19 Indian Month of Mour Month of Mont | PLACE OF INJURY (Home, form, 20f (City or town) (County) octory, street, office bldg., etc.) | (Stote) |
| | p.m. 19 of work of work of work 21 certify that I took charge of the remains described above, | held an Autopsy , Inspection 🔭 Inquiry 🕱 ond in | |
| | // | uncide , Homicide Undetermined monner | my opinio |
| | | CHIEF MEDICAL EXAMINER | |
| | SIGNATURE AND I | M D ASSISTANT MEDICAL EXAMINER . 22. | DATE SIGNED |
| | EXAMINER'S John Keboe M.D. River | | 2-66 |
| - | NAME (Type) | Address (Street, City, Town, or County) | (6) |
| à | 30 BURIAL CREMATION, 238 DATE THEREOF 230 NAME OF CEMETERY (| OR CREMATORY 2 23d LOCATION (City of Town) (County) | (Stote) |
| - | 24 FUNERAL DIRECTOR ADDRESS ADDRESS | 250 REC D BY REGISTRAR 2 250 REGISTRAR S SIGNATURE | 2- |
| | Freneral Holme 2831 Dus | rein les PATES OF HOW Wind | neu |
| - | | 1 AUG 25 1968 Methorles Judg | e T |



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY o. STATE **b.** COUNTY Prince George

b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) MARYLAND Prince George's Maryland c CITY OR TOWN (If autside carparote limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 mo. 28 days Oxon Hill Cheverly filled in d NAME OF HOSP TAL OR INSTITUTION (If not in hospitor, give street address) d STREET ADDRESS ON A FARM? Prince George's General Hospital YES NO 6610 Klovstad Drive the ottending physicion are congression and are the please remove corben 3 NAME OF 4. DATE Manth Doy Year DECEASED Cecelia Lyles August 14 19 66 (Type or pnnt) DEATH S SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED B. DATE OF BIRTH NEVER MARRIED (49 birthday) Months Days Hours X Female Negro WIDOWED DIVORCED 11-27-17 10a JSUAL OCCUPATION (Give kind of work done during most of work ng life, even if retired) 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT INDUSTRY COUNTRY? Private Domostic
13 FATHERS NAME Oxon Hill. Md. 14 MOTHER'S MAIDEN NAME Arthur Johnson Mary Jenkins WAS DECEASED EVER IN U.S. ARMED FORCES? ob address adger Ave 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, na, or unknown) (If yes give war or dates of service) Mary Hatton-Sister-Clinton, Unk. None 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c))
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN buriol-tronsit ONSET AND DEATH mumoma IMMEDIATE CAUSE (a) 42. DUE TO signed ! beneloccudeal intuction Conditions, if any, which gave rise to immediate cause (a) DUE TO stating the underlying couse Poge 4 moy be retained by the hospitol or offending os the prior to 10 FUNERAL DIRECTOR: After this certificate has been Uremia WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health NO K 20a ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (Stote) 20c. TIME OF INJURY Manth, Doy, Year (County) Hour o.m. factory, street, affice bldg , etc) Not While at work at work 21 I certify that \$4 (this haspital) attended the deceased fram June 17 , 1966, ta August 14 1966, that \$5 (we) last saw the deceased alive an August 14 19 66, and that death accurred at 5:20pM, from causes and an the date stated above. 22o. SIGNATURE 22b. DATE SIGNED ATTENDING director, page 3 should be filed v August 15, 1966 PHYS. M.D. DIRECTOR 22d ADDRESS 22c PHYSICIAN'S Prince George's Genl. Hosp. Chevery, Md. NAME (Type) 23b DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23g BURIAL CREMATION (County) (State) REMOVAL (Specify) 8-18-66 Harmony Memorial 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Raines Co. - 3015



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 775 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY o. STATE **b** COUNTY Prince George's MARYLAND requires that the death certificate be executed within 24 haurs after filled in by the te papers. Pages Ithin 72 haurs afte b. CITY OR TOWN (If autside corporate limits, write EURAL and give nearest town) c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) E SENGTH OF STAY IN TH Landover 9 12 days 8/17/ d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RES DENCE ON A FARM? d STREET ADDRESS 3124 75th Ave. Suitland Nursing Home YES NO X 3 NAME OF Middle 4 DATE First Lost Manth Year DECEASED
(Type or print) Katherine Kipp Madden 17 19 66 Aug. DEATH and in any event BXAVIINEX Female s color or race 7. MARRIED AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED B DATE OF BIRTH 90 lost birthdoy) Manths Days 12 1876 WIDOWED KX Aug DIVORCED 10a USUAL OCCUPATION (Give kind of work done doring most of working life, even if retired) 106 KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CIT ZEN OF WHAT U. INDUSTRY GOVE Washington, D. C. 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME burial, crematian, or remayal, MED ICAL Elden Kipp Jennie Clampett 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address signed by the attendir burial-transit permit. (Yes, no, ar Laknown) (If yes give war ar dates af service) Emmet . Madden (Son) Same as # 2 none 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).
PART 1. DEATH WAS CAUSED BY. INTERVAL BETWEEN ONSET AND DEATH DEPUTY IMMEDIATE CAUSE (a). DUE TO Conditions, if any, which gave nse to immediate cause (a). DUE TO stating the underlying cause State Dept. of Health priar ta JOHN KEHOE, PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO 4 20a ACCIDENT WAS UNDERLYING
OR CONTRIBUTING
CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 205, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour om. Not While foctory, street, office bldg., etc.) TO FUNERAL DIRECTOR: After 196 Cond they death occurred at 125 M, from couses and on the date stated above. be filed with the sow the deceosed olive on_ BY 22o. SIGNATURE 22b. DATE SIGNED MED ATTENDING PHYS. STAFF **GENOSIZED** 22c PHYSICIAN'S 22d. ADDRESS NAME (Type) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230. BURIAL, CREMATION (State) (Caunty) REMOVAL (Specify) Ft Lincoln Cemetery lug 20, 1966 Colmar Manor, Md Pro Geo ce 24. FUNERAL DIRECTOR F. Gasch's Sons Hyattsville, Md.

• 1

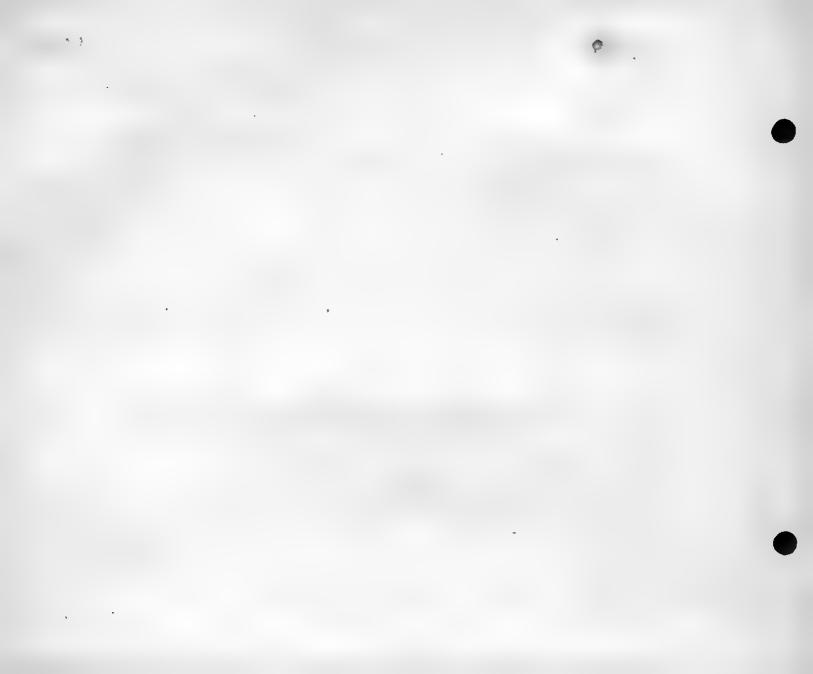
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH ond 2 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) signed by the attending physician ond completely filled in by the funeral buriol-transit permit. Then please remove carbon papers. Pages 1 and buriol, cremation, or removal, and in any event, within 72 hours after deal o. COUNTY a. STATE b. COUNTY MARYLAND requires that the death certificate be executed within 24 hours after FINCE b CITY OR TOWN (If autside carporate limits, c LENGTH OF STAY IN 1b (If outside corparate limits, write RURAL and give nearest town) write RURAL and give nearest tawn inton e IS RESIDEN d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) ON A FARM NO 📝 YES DATE NAME OF Middle Year Doy DECEASED OF DEATH pleose remove carbo 19 corac S SEX 6 COLOR OR RACE B. DATE OF BIRTH AGE (n years 7 MARRIED NEVER MARRIED last birthday) Months Hours WIDOWED 5 10a, USJAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, ar fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAMI WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter on y one cause per line for (a), (b), and (ch) PART I DEATH WAS CAUSED BY-ONSET AND DEATH IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital or attending physician. DUE TO Conditions, if any, which gove rise to immediate cause (a), DUE TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been os the last. WAS AUTOPSY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION, GIVEN IN PART 1(a) PERFORMED? 3 should be detached for use with the State Dept. of Health NO YES [200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Hame, farm, (City or town) (Stote) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (County) Haur a.m. factory, street, affice bldg., etc.) Not While at work 4, 1966 that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased from_ 19/26, and that death accurred at 320M, from causes and an the date stated above. saw the deceased alive an. 22b. DATE SIGNED 220. SIGNATURE ATTENDING director, page 3 should be filed v DIRECTOR PHYS 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) 230 BURIAL, CREMATION REMOVAL (Specify) 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION, (City or Town) (County) (Stote) REGISTRAR'S SIGNAPURE 24 FUNERAL DIRECTOR 250 RECO BY REGISTRAR VR A15 (4) 20 M 1/66 DATE



| | | MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND |
|--|---------------|--|
| death. | 1. | |
| | | a. COUNTY e. STATE b. COUNTY |
| ING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after I by the hospital or attending physician. When this certificate has been signed by the attending physician and completely filled in by the be detached for use as the burial-transit permit. Then please remove carbon papers. Pages State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after the prior to burial, cremation, or removal. | | b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Maryland Prince George's c. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) |
| TOUT In | _ | Cheverly 9 days Forestville |
| 24 hours filled in b papers, Papers, Papers, | | d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) On A FARM? Prince George's General Hospital 8320 Donnell Place |
| yith y | 3. | NAME DF First Middle Last L4 DATE Month Day Year |
| executed within and completely remove carbon in any event, with | | (Type or print) Aubrey A. Marrion DF DEATH August 31 19 66 |
| com | 5. | SEX 6. CDLOR OR RACE 7 MARDIED TO NEVER MARDIED TO 8. DATE DF BIRTH 9. AGE (In years IF UNDER 1 YEAR IIF UNDER 24 HRS |
| xect and emo | | Male White WIDOWED DIVORCED 2/13/03 63 VIS. Months Days Hours Min. |
| ي الله الله | 10. du | a. USUAL OCCUPATION (Give kind of work done) 10b. KIND DF BUSINESS DR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? |
| e b sici | | Sales Manager Carpet Vermont USA |
| icat in the second | 13 | 3. FATHER'S NAME 14. MDTHER'S MAIDEN NAME |
| THE WILLIAM | _ | James T. Marrion Katharine Delany |
| h c ten or r | l di | 5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. 17. INFORMANT Address es, no, or unknown) (If yes give war or dates of service) |
| deat e at perm ion, | | NO Mary H. Marrion 8826 Bonny Dr. Forestville M |
| requires that the death certificate be ding physician. been signed by the attendiffe physician the burial-transit permit. Then please or to burial, cremation, or remover, and it | | 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] |
| at tandan, dan, dan, cre | | PART I. DEATH WAS CAUSED BY: UNSET AND DEATH IMMEDIATE CAUSE (a) VILLUMONY CALLED |
| The law requires that the control of attending physician, and that been signed by use as the burial-transalth prior to burial, cre | | DUE TO 1 |
| uire s ph bull bull | | gave rise to Immediate (b) Intracerebellar ligaturrus (75) do |
| ding bee the | | cause (a), stating the DUE TD B |
| law atten has e as e as | 중 | |
| The or a cate use salth | Ę | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES XX ND |
| N: 1 Ital for for He | CERTIFICATION | 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) |
| PHYSICIAN: the hospital this certific detached fou | 띪 | 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) |
| PHYS the h this detac e Dep | 동 | 20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) |
| ate of the | MEDICAL | Hour a.m. While factory, street, office bldg., etc.) p.m. 19 at work at work |
| OR ATTENDING be retained by IRECTOR: After ge 3 should be | ~ | 21. I certify that (I) (this hospital) attended the deceased from Aug. 22 1966, to Aug. 31 1966, that (I) (we) las |
| T TEN | | saw the deceased alive pn August 31 19 66, and that death occurred at 00 M, from the causes and on the date stated above |
| Mit AT | | 22a. SIGNATURE . DIM 22b. DATE SIGNED |
| DIRE age | i | Oliver 18 Bond M.D. ATTENDING MED. STAFF PHYS. |
| TO HOSPITAL OR ATTENDING Page 4 may be retained by to FUNERAL DIRECTOR. After director, page 3 should be dishould be filed with the State | | 220. PHYSICIAN'S NAME (Type) OLIVER B BOND. 22d, ADDRESS LIVERDALE ROAD LANHAM |
| Page FU FU hou | 23 | a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) |
| 21 22 % | | Burial 9/3/66 Mt. Olivet Cemetery Washington D. C. |
| | 22 | FUNERAL DIRECTORWILL FINERAL HOMEDRESS 25a. REC'D BY REGISTRAR'S SIGNATURE |
| VR AI5 (4) (20M 1/65 | V | 4308 Suit and Mal Shit land Met DATE 8-51-66 125/18 |
| 2014 1/03 | | SEP 6 1966 Charles Indae |



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH and completely filled in by the funeral pemays carban papers. Pages 1 and 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o. SIAIE New York Mary Land o. COUNTY b. COUNTY Prince George's MARYLAND Prince George /s/ b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ian papers. Pag within 72 haurs Bronx days Cheverly d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Van Hess Av d STREET ADDRESS YES NO TE Prince George's General Hospital 3 NAME OF Lost 4 DATE Month Doy Year DECEASED (Type or print) OF DEATH F 18 Corinna Masserano August 66 19 5 SEX 6 COLOR OR RACE B DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED 79 vrs Months Dovs Hours Female White October 30, 1886 WIDOWED DIVORCED 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired)
HOUSEWIIE COUNTRY? A. INDUSTRY Italy 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME cremation, or remayal, Unknown Anthony Crosa Rosa IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) [(If yes give wor or dates of service) Masserano (7310-Lois Lane Radames None IB CAUSE OF DEATH (Enter only one couse per line for (o) (b), and (c)) INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO arterios elevosis bur.al. Conditions, if any, which gove use to immediate couse (a), DUE TO stoting the underlying couse as the priar tal has been lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) State Dept. of Health ficate YES -NO Page 4 may be retained by the haspital ar ō 200 ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH TO FUNERAL DIRECTOR: After this certif (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year Hour o m. 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg . etc.) While Not While ot work of work 21. I certify that (1) (this haspital) attended the deceased frame function 1964, ta \$, 1966 that (1) (we) last director, page 3 shauld should be filed with the , and that death accurred at 8:45 M, frag causes and an the date stated above. saw the deceased aliveran. 22o. SIGNATUR STAFF PHYS **E**k DIRECTOR PHYS 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) 513 OMMAN men u 230 BURIAL, CREMATION DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. TOCATION (City or Town) (Stote) (County) -REMOVAL (Specify) Hanor, Colmar 20/66 Fort Lincoln Com. 24 FUNERAL DIRECTOR TO 1 1 e V 1 s 250. REC'D BY REGISTRAR 2Sb. REGISTRAR S SIGNATURE ADDRESS t. Tain er l'unerel VR A15 (4) 20 M 1/66 liaryland DATE Home Irc.

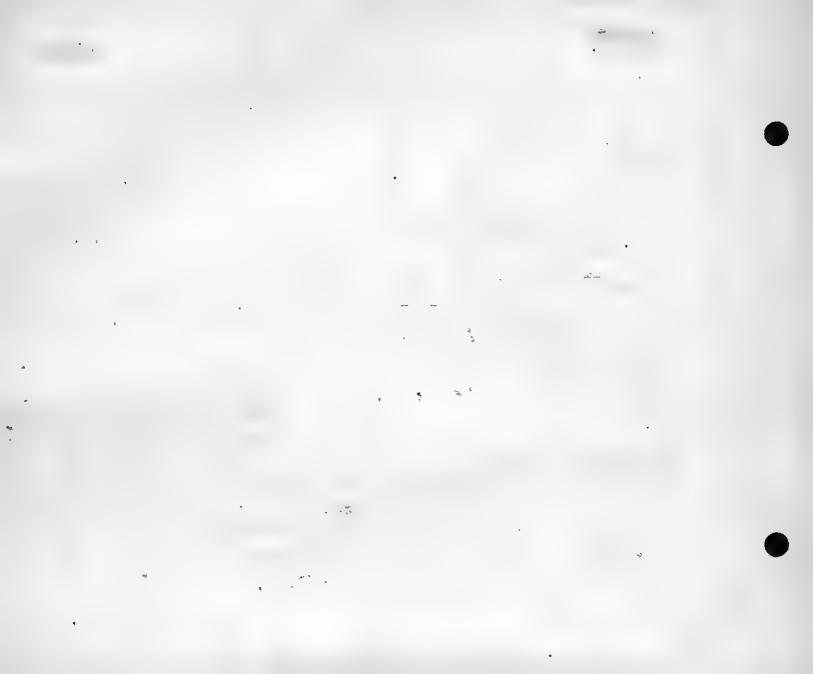


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH deoth requires that th≡ d≡th certificate be executed within 24 hours after death ond completely filled in by the funeral remove carbon popers. Pages 1 and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o Prince George's a. STATE b. COUNTY lease remove carbon papers. Pages 1 ond in ony event, within 72 hours ofter MARYLAND Marvland Prince George's c. CITY OR TOWN (If autside corparate limits, write RURAL and give necrest tawn) b CTY OR TOWN (If outside carparate I mits, CLENGTH OF STAY IN 16 write RURAL and give nearest town) Hvattsville Cheverly 2 davs d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 8111 Burnside Road Prince George's General Hospital YES NO X 3 NAME OF Middle 4 DATE First Lost Month Day Year **DECEASED** Sidney Mattingly August 19 66 (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE DATE OF BIRTH 29 . 1899 AGE (In years 7 MARRIED K NEVER MARRIED Months Dovs Hours September 27,-1898 White Male WIDOWED DIVORCED 100 JSJAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT during most of working life, even if retired)
Fressman - Reti COUNTRY3 Detweiler St. mary's 'o.. Md 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME cremotion, or removal John Menry Mattingly Eliza Crtherine Cullison 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) (allove ad-Mrs ...argueņi te Gardiner-INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). buriol-transit AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) signed by DUE TO buriol, Conditions, if ony, which gove rise to immediate cause (a), DUE TO stating the underlying cause Page 4 may be retained by the hospital or ottending as the prior to O FULLRAL DIRECTOR: After this certificate has been lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AJTOPSY PERFORMED? for use Health NO V YES 200 ACCIDENT WAS UNDERLYING I 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 11 of item 18.) detoched fr OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, (City or town) (County) (State) 20c TIME OF INJURY Month, Doy, Year Haur om. factory, street, affice bldg., etc.) Nat While at work at wark 19 66 that (1) (we)-last 21. I certify that (I) (this hospital) attended the deceased from plnods and that death accurred allQ: 20 M, from causes and an the date stated above saw the deceased alive an 22g SIGNATURE 22b. DATE SIGNED MED STAFF director, page 3 should be filed v DIRECTOR PHYS. 22d. ADDRESS 22c PHYSIGIANTS NAME (Type 23d LOCATION (City or Town) (County) 230 BUR AL, CREMATION, DATE THEREOI (State) REMOVAL (Specify) /66 ort Lincoln Cemetery Colmar imagor, 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR - 2 levis Mlayley **VR A15 (4)** Maryland 1966 Home Inc.



| | MARYLAND STATE DEPA Division of STATISTICAL RESEARCH AND RECORDS, 301 V | |
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| ~ | 11785 CERTIFICATE | OF DEATH 11781 |
| 를 들었다. | 1. PLACE OF DEATH | 2 USUAL RESIDENCE (Where deceased fived, if institution: Residence before admission) |
| \$ 18 5 E | a COUNTY Prince George's Co. MARYLAND | a. STATE Maryland b. COUNTY Pr. Geog's. |
| all (Table) | | c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) |
| OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death be retained by the haspital ar attending physician. SIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the impeal et 3 shauld be detached for use as the burial-transit permit. Then please remove cabon papers. Pages, I and sed with the State Dept. of Health priar to burial, cremation, ar removal, and in any event, within 72 hours after death | b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Hyattsville, Md. | Hyattsville 161 |
| haur in by ers. P | d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) | d STREET ADDRESS e IS RESIDENCE ON A FARM? |
| filled in papers, thin 72 h | • | 906 Sheridan Street YES NO W |
| rthin 24 haurny filled in by on papers. Py within 72 hau | 3 NAME OF First Middle DECEASED Mark Middle McCC | Last 4 DATE Month Day Year |
| executed with and campletely remove coton only event, with | (Type or print) Lula May McCo | ormick OF August 17 1966 |
| m mp (| S SEX 6. COLOR OR RACE / MARRIED NEVER MARRIED 8. 8 | DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. |
| Dax Dax | | ept. 29th, 1879 86 yis |
| and rem | 100 USLAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR during most of working life, even if refired) | 11, BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT COUNTRY? |
| ite 1 sase and | Housewile | Washington, D.C. COUNTRY? |
| ertificate by physician (nen please ioval, and ii | 13. FATHER'S NAME | 14 MOTHER'S MAIDEN NAME |
| G pt | Unknown | Unknown |
| Hi din I | Nes an as the mount life one auto trans of dates of corpical | ORMANY Addiyattsville, Md |
| he death attendin permit. ian, ar re | no Ear | 1 W. McCormick 906 Sheridan St. |
| equires that the death certificate be executed v physician. signed by the attending physician and camplets burial-transit permit. Then please remove Cab burial, crematian, ar removal, and in ally event, | 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY | INTERVAL BETWEEN ONSET AND DEATH |
| hat n. ansi | IMMEDIATE CAUSE (a) CARDIAC FAILURE | 2 A HOURS |
| es t sicia ed b al-tr | Conditions, if any, which gave) (b) ARTHRIES CLEROSIS | M ALLONDO ASCALLERS |
| equires that th physician. signed by the burial-transit p | rise ta immediate cause (a), | Y DIABETES MELLITUS 10 YEARS |
| ng en tak | stating the underlying cause DUE IO last. (c) | |
| lay endi | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE | E TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPSY PERFORMED? |
| The set of | PNRUMONITUS JULY & A | 06. 1866 YES □ NO E |
| AN: If ar if ar cate ar u | 204 DESCRIPE HOW INJURY OCCURRED (En | nter nature of injury in Part I ar Part II of item 18.) |
| Pit all and a second se | OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | |
| has ache ept. | 3 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE | OF INJURY (Hame, farm, 20f (City ar town) (Caunty) (State) |
| te Det in the Co | Haur a.m. p.m. 19 While Not While of work | y, street, affice bldg., etc.) |
| Page Page Start St | 01 B counts, that (I) (this becalted) attended the decouncid from | FALL , 1963, to 17 A v.C., 1966, that (I) (we) last |
| the defendence of the second s | saw the deceased alive on 13 A CG. 1966, and that a | death accurred at 450 M, fram causes and an the date stated above. |
| E B C St | 22a. SIGNATURE | ATTENDING MED STAFF 225. DATE SIGNED |
| OR De r | MELLING NO. MD. | PHYS. LEI DIRECTOR LEI PHYS. LEI 8/17/60 |
| AL CON THE CONTRACT OF THE CON | 22c PHYSICIAN'S NAME (Type) Henry R. Wolfe | 22d. ADDRESS 915 Cox ave. Hvattsville, Md |
| SPIT 4 m d b | IICHEY H. NOLLC | |
| TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-trainshauld be filed with the State Dept. of Health priar ta burial, cre | 23a. BURIAL (REMATION, REMOVAL (Specify) 8/20/66 Fort Lincoln | |
| 5 5 5 £ ~ | BURIAL 8/20/66 Fort Lincoln 24 FUNERAL DIRECTOR ADDRESS | 250. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE |
| VR A15 (4) (4) 20 M 1/66 | Protection All 2n4th (T. N. M. 11 | Wash ANG 19 1966 yellarles Judge |
| 20 M 1/66 | De luneral Home 201221116, 1 | Dill A |

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death. and PLACE OF DEATH 1. USUAL RESIDENCE (Where deceased lived, If institution: Residence a. COUNTY b. COUNTY and completely filled in Jy the 1 sprove Carbon papers. Pages 1 any event, within 72 hours after Prince George Maryland MARYLAND Pr.Ceo CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) 25 vrs. College Park College Park d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 4604 Clemson Road Clemson No 3 4604 YES executed within NAME OF 3. Month First Middle Last DATE Day Year DECEASED LORETTA P. MCGTVERN (Type or print) DEATH 19 6. COLOR OR RACE | 7. MARRIED 5. SEX AGE (In years | IFUNDER 1 YEAR DATE OF BIRTH IF UNDER 24 HRS NEVER MARRIED last birthday) Months i Davs Hours i Female WIDOWED T June DIVORCED | E 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) physician an please rays, and in 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT death certificate be COUNTRY? U.S.A. New York U.S. Jovt. removal. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME TO FUNERAL DIRECTOR: After this certificate has been signed by the attending director, page 3 should be detached for use as the burial-transit permit. Then should be filed with the State Dept. of Health prior to burial, cremation, or remov 'Brien Elizabeth James 15. WAS DECEASED EVER IN U.S. ARMED FORCES: 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (If yes give war or dates of service) 217-44-2467 rs. Sharon P. Braun - Lenomonee 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN PHYSICIAN: The law requires that the the hospital or attending physician. Vis ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO METASTATIC CARCINOMA Conditions. If any, which (b) gave rise to immediate DUE TO cause (a), stating CARCINOMA underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While OR ATTENDING be retained by at work at work 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 10 1 M, from the eduses and on the date stated above. saw the deceased alive on. 22a. SIGNATURE DATE SIGNED ATTENDING PHYS. STAFF DIRECTOR M.D. PHYS. Page 4 may PHYSICIAN 22d. ADDRESS NAME (Type) acousted L. Deits, M.D. BURIAL, CREMATION, 23b. NAME OF CEMETERY OR CREMATORY DATE THEREOF LOCATION (City, town or county) (State) REMOVAL (Specify) Colmar remain on Ft. Lincoln Hanor 25a. REC'D BY REGISTRAR FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE ADDRESS Lev's 9 Charles AUG VR A15 (4) Maryland Home 15M 4-64



| 12- 1 (NA | Ò | MARYLAND STATE DEPARTMENT Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTO | | 01 |
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| - N | 1 | 11787 CERTIFICATE OF DEA | ATH | 11783 |
| within 24 haurs after death. Sy filled in by the funeral papers. Pages I and 2 within 72 haurs after death. | | PLACE OF DEATH OCCUMIY Prince Georges MARYLAND 2 USUAL RES O. STATE | IDENCE (Where deceased lived, if institution Residence Maryland b COUNTY pr | e before odmission) ince Georges |
| by the Pages | | Riverdale de neorest town) 4 days Gle | WN (If outside carporote limits, write RURAL and give ndale | |
| Med in papers. | | d NAME OF HOSPITAL OR INSTITUTION (If not in haspitor, give street address) description of STREET ADDRESS and STREET ADDRESS A | Locust Street | e IS RESIDENCE ON A FARM? YES NO X |
| campletely finance capper finance capper finance capper finance capper finance capper finance for finance fina | | NAME OF First Middle Lost DECEASED M. McGregor (Type or print) Duncan M. McGregor | 4 DATE Month OF BEATH | 13 1966 |
| execute and camp remarks on pny-axe | y | SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRT 12-12-2 | +> yrs | Doys Hours Min. |
| ite be exition and sase remand in pro | dur | Stonemason | otland (0. | ZEN OF WHAT |
| h certificate be ing physician a Then please emaval, and in | | McGregor, William | MAIDEN NAME , Jannet Braes | |
| e death o attending permit. T | 15 (Y) | was Deceased Ever in U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT s, no, or unknown) (If yes give wor or dotes of service) 579 48 2759 Cobina | B Mc Gregor Glendale, | Nd. |
| equires that the physician. signed by the burial-transit | | 18 CAUSE OF DEATH (Enter on y one couse per line for (o), (b), and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove nsee to immediate cause (o), stoting the underlying cause (o), c) [b] DUE TO [c] | CARCINOMA | INTERVAL BETWEEN OYSET AND DEATH O MONTER |
| : The law r rr attending e has been use as the olth priar ta | ATION | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DI | SEASE CONDITION GIVEN IN PART 1(0) | PERFORMED? YES NO |
| bing PHYSICIAN: The law reby the haspital ar attending Mer this certificate has been be detached far use as the State Dept. of Health priar ta | CERTIFICATION | 206 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 205 DESCRIBE HOW INJURY OCCURRED. (Enter noture of | | |
| IG PHYSIC the haspii rr this certi detached atte Dept. of | MEDICAL | 20c. TIME OF INJURY Month, Doy, Yeor Hour am p.m. 19 20d INJURY OCCURRED While Not While of work 19 20e PLACE OF INJURY (H | bldg.,etc.) | nty) (Stote) |
| TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital ar TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached for us shauld be filed with the State Dept. of Healt | | 21. I certify that (I) (this hospital) attended the deceased from certify saw the deceased glive on 13 19 6 and that death occur | irred at 900 AM, from causes and on th | |
| D HOSPITAL OR ATTENI Page 4 may be retained D FUNERAL DIRECTOR: A director, page 3 shauld shauld be filed with the | | 220. SIGNATURE ATTENDING M.D. PHYS | DIRECTOR PHYS. | TE SIGNED |
| PITAL FRAL C Bar, pag d be fill | L | 22c PHYSICIAN'S NAME (Type) C.J. LOURIANN 22d ADD | RIVERDALO M | D |
| 10 HOSPITAL Page 4 may 10 FUNERAL I director, pag shauld be fil | L | Bur al (REMATION 23b. Date THEREOF 23c NAME OF CEMETERY OF ARMATORY Aug 16, 1966 Ft Lincoln Cemete | ry Colmar Manor, | (County) (State) |
| VR A15 (4) 20 M 1/66 | . 2 | FUNERAL DIRECTOR ADDRESS Gasch's Sons Hyattsville, Md. | AU BY REGISTRAS STATES STATES STATES AT A STATE OF THE ST | Judge. |



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY by the fu after Pages 1 Irs after MARYLAND b. CITY OR TOWN (f outside corporate limits, write RURAL and give mearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) LENGTH OF STAY IN 1b papers. Pag nin 72 hours a hours Ę filled i d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS within 72 YES | NO completely 1 3. NAME OF DATE Middle Dav Year Last DECEASED event, 1 (Type or print) DEATH 19 executed 6. COLOR OF RACE | 7. MARRIED 5. SEX DATE OF BIRTH AGE (In years IFUNDER 1 YEAR IF UNDER 24 HRS last birthoay) Months | Days | Hours | Min. NEVER MARRIED in any and WIDOWED DIVORCED [YES. 10b. KIND OF BUSINESS OR 10a. USUAL OCCUPATION (Give kind of work done BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT d by the attending physician transit permit. Then please i cremation, or removal, and in death certificate be during most of working life, even if retired) COUNTRY? FATHER'S MAM MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN' ddress (Yes, no, or unkgwn) [(If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN TO FUNERAL DIRECTOR: After this certificate has been signed by til director, page 3 should be detached for use as the burial-transit should be filed with the State Dept. of Health prior to burial, cremater ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) DUF TO weight C- U- R- Arian Conditions, If any, which gave rise to immediate DUE TO cause (a), stating underlying cause last CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONVERBUTING TO DEATH BUT NOT 19. WAS AUTOPSY PERFORMED? NO X YES 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 1 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. Not While be retained by at work OR ATTENDING at work 21. I certify that (I) (this hospitally attended the deceased from 5 and that death occurred at 5 M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE DATE SIGNED 22b. ATTENDING PHYS. MED. DIRECTOR Page 4 may 1 PHYS. M.D. PHYSICIAN'S 22d. ADDRE NAME (Type) NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) _ (State) BURIAL, CREMATION. DATE THEREOU 23c. 23d. REMOVAL (Specify) FUNERAL DIRECTOR REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS 1966 VR A15 (4) 15M 4-64



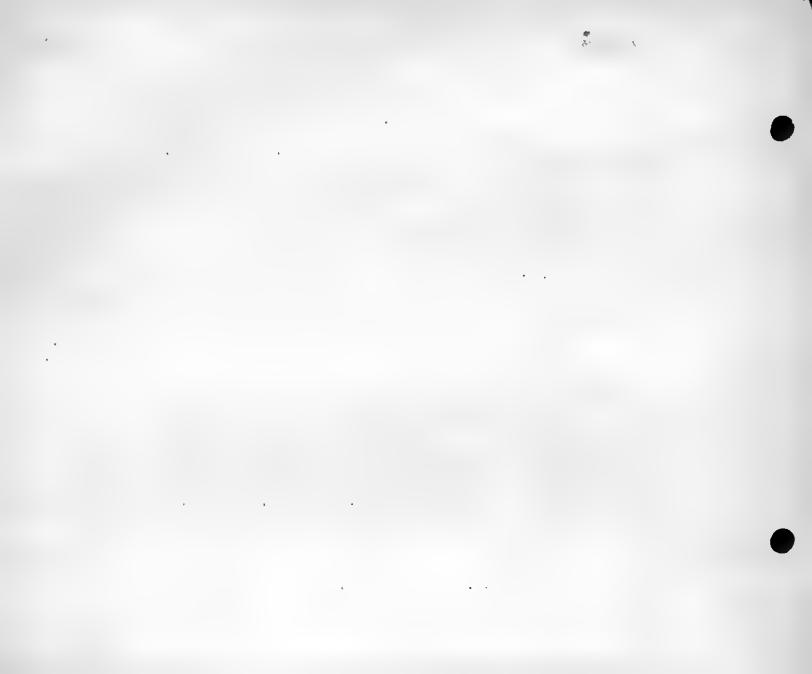
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY b. COUNTY remove carbon papers. Pages 1 Prince George's Maryland Prince George's MARYLANO b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly days Crofton d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET AOORESS e. IS RESIDENCE ON A FARM? Prince George's General Hospital 1748 Dryden Way ND etely NAME OF 3. Middle 4. DATE Month Year DECEASED (Type or print) Bahv GirlDEATH Metzner 19 66 Augus t 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER I YEAR FUNDER 24 HRS 7. MARRIEO NEVER MARRIED last birthday) Months Oays Hours Female White WIDDWED DIVDRCED August 14, 1966 1Da. USUAL OCCUPATION (Give kind of work done and of business or during most of working life, even if retired) physician n please val, and in 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? None Prince George's Maryland USA certificate removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frank Carroll Metzner Lona Frances Cobb 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address been signed by the attenthe burial-transit permit. or to burial, cremation, or (Yes. no. or unkown) ((fyes nive war or dates of service) that the death No Mother As above 18. CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: PHYSICIAN: The law requires that the hospital or attending physician. IMMEDIATE CAUSE (a) 762 DUE TO Conditions, if any, which gave rise to immediate **OUE TO** cause (a), stating the TO FUNERAL DIRECTOR: After this certificate has be director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY PERFORMED? YES NO 1 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part | or Part | of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm. 20f. (City or town) (County) (State) factory, street, office bldg., etc. Hour a.m. While Not While OR ATTENDING be retained by at work at work 21. I certify that (I) (this hospital) attended the deceased from 19. . 19____ that (1) (we) last . to. and that death occurred a8:35 M. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE DATE SIGNED M.O. PHYS. OIRECTOR 4 may PHYSICIAN'S ADDRESS NAME/(Type) 6201 Riverdale Road, Riverdale, Md. John W. Perkins 23a. BURIAL CREMATION, 23b. DATE THEREOF Cremation 8/20/65 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) Prince Georges Gen. REC'D BY REGISTRARY 250. REGISTRARY STENATURE Hosp UNERAL DIRECTOR ADDRESS 25a. VR A15 (4) 15M 4-64



| | 1 () | V | MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYL | AND |
|--|--|------|---|------------------------------|
| 4 | ₽~E | 3 | 11790 CERTIFICATE OF DEATH | 786 |
| executed within 24 hours after death. | funeral and 2 | ار پ | PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence a. COUNTY | before admission) |
| 100 | te le | | a. STATE D. COUNTY | 07700 |
| # | ages s af | | Prince Georges MARYLAND Maryland Prince Georges D. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (if outside corporate limits, write RURAL and give | e nearest town) |
| SI S | in b | | Cheverly 5 hrs Boyic | 1 |
| 1 | led 72 F | | | ON A FARM? |
| 2 2 | y fii | 14 | | ES ND |
| i | bon | | NAME OF First Middle Last 4. DATE Month Day OF OF OF DEATH AND DEATH | Year |
| ≈ 9 | ent car | | | 19 66 |
| cate | d cc Jove | | Jplv 31 last birthday) Months Days | Hours Min. |
| | ו מח רפח המת | | USUAL DC CUPATION GIVEN HOT OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN (| 5 25 |
| (2 | ase and i | | INDUSTRY Prince George's Md. U.S.A. | ? |
| ate. | ple al, a | | FATHER'S NAME 14. MDTHER'S MAIDEN NAME | _ |
| ŢĘ, | ng p hen mov | | Edwin Miller Jeanette P. Mazar | |
| 9 | r agi | | WAS DECFASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INCREMANT | |
| The law requires that the death certificate | atte ermi | | None Company (If yes give war or dates of service) None Edwin Miller same as #2 | |
| ē | the rt pr | | | RVAL BETWEEN ET AND DEATH |
| ŧ | an. Toy | | PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Prematurity | EL AND DEATH |
| ŧ; | sici gned al-ti | | 776X DUE TO | |
| ires | Per si | | Conditions, If any, which gave rise to Immediate (b) | |
| nba: | ding been the r to | | cause (a), stating the DUE TO | |
| * | ttem has as prio | | underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) [19. | WAS AUTDPSY |
| 2 | or al | | | PERFORMED? |
| ⊢ | E to E | 73 | YES 2Da. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) | S NO N |
| 절 | cert fed f. of | 7 | DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | |
| HYS | this etac Dep | | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) | (State) |
| 5 | oy the terms of th | | Hour a.m. While Not While at work at work | |
| É | ed l | | 21. I certify that (I) (this hospital) attended the deceased from July 31, 19 66, to August 1, 19 66, that | at (I) (we) last |
| 巴 | # 5 1 2 2 3 3 4 | | saw the deceased alive on August 1 19 66, and that death occurred alo. 30M, From the causes and on the date | stated above. |
| ~ | REC M | | 22a. SIGNATURE 22b. DATE SIG | NED |
| | ay the Page of the | | M.D. PHYS. July DIRECTOR PHYS. 8/2/66 | 5 |
| D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that t | Page 4 may be retained by the hospital or attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after | / | 22c. PHYSICIANS NAME (Type) Andrew G. Arondy, M.D. 22d. ADDRESS Good Luck Rd., Lanham, Md. | |
| 문 | Page Fire direction | | BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR GRAMMERY REMOVAL (Specify) Aug. 3. 1966 Washington National Suitland Manyland | (State) |
| 2 | | 0 | | |
| | | 20 | F. Gasch's Sons Hyattsville Md. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNAR'S | Cudet |
| | R AI5 (4) DM 1/65 | 15 | F. Gasch's Sons Hyattsville Md. DATE AUG 5 1956 governer | 00 |

£ 17 %

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, il institution: Residence before admission o COUNTY o STATE b COUNTY P.M.3. Poge 70 deoth. Prince George's MARYLAND Arizona delay b C.TY OR TOWN (Il outside carporate i mits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 (CITY OR TOWN (If outside corporate limits, write RURA; and give nearest town) pillo Clinton 4.5min -Phoenix d NAME OF HOSPITAL OR INSTITUT ON (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCI form ON A FARM? P≣ges 2615 W. Glendale Ave Clinton Medical Center YES NO 🖎 hours after death 3. NAME OF Midd e Lost 4 DATE Year DECEASED within 7 tem 18. Give (Type or print) Mills DEATH 10 19 66 Cora Lee Office along S SEX AGE (n years 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH F UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Dovs Hours WIDOWED DIVORCED Female White 26 June 1905 10g JSHAL OCCUPATION (Give kind of work done BIRTHPLACE (State or fore gn country) 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Ony CHECKER AT LAUNDRY TEXAS pages 4.51 LAUNDRY 13 FATHER'S NAME pencil 14 MOTHER'S MAIDEN NAME be executed within 5 OLIVE CLAY W. FRANKLIN IS WAS DECEASED EVER IN ILS ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address rd "pending" in Chief Medical E permit. (Yes, no, or unknown) [(If yes give wor or dates of service) removal. LLNK MRS ROSA LEE DICKASON PHOENIX ARIZ 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) INTERVAL BETWEEN burial-transit PART I, DEATH WAS CAUSED BY ONSET AND DEATH 5 Laceration of brain IMMEDIATE CAUSE (o) Word certificate "lould cremotion, DUE TO From trauma auto accident l hr. Conditions, if ony, which gove (b) rise to immediate couse (a), DUE TO 0 stating the underlying couse last. used os buriol, PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? NO 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of incry in Port I or Port I of item 1B.) 3 should ogent, prior PRIMARY TO OF CONTR BUTING CAUSE OF DEATH TAL ETAMINER Passenger in car which was involved in collision MEDICAL 20e PLACE OF INJURY (Home, form, 20c TIME OF INJRY Month, Doy, Year 20f (City or fown) (State) Not While foctory, street, office bidg., etc.) While FUNERAL DIRECTOR: Page 66 of work of work 4:150m pm 301 at Md. State Rt. 381. Brandywine. Md. 21. I certify that I taak charge of the remains described above, held an Autapsy ... Inspection x Inquiry 😽 and in my opinion death resulted fram: Natural sauses 1. Accident Suicide Homicide -Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY pe ě DEPLITY MEDICAL EXAMINER **EXAMINER'S** Riverdale, Md. 8-11-66 John Kehoe, M.D. TO FUNE Health NAME (Type) Address (Street, city, town, or county) the 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 230 BUR AL, CREMATION (County) (Stote) REMOVAL (Specify PHOENIX 8-16-66 BURIAL 24. FUNERAL DIRECTOR **ADDRESS** 250 REC'D BY REGISTRAR VR A15ME (5) 1966 W.W. CHAMBERS VERDALE, MA



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11792 CERTIFICATE OF DEATH death 24 haurs after death impletely filled in by the funeral ve carban papers. Pages I and event, within 72 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before adm ssian) 1. PLACE OF DEATH c. COUNTY g. STATE **b** COUNTY Prince George's MARYLAND Pr. George's Maryland b CITY OR TOWN (if autside carparate limits, write RURAL and give negres) town) c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give neatest town) B.O. A.S Hyattsville d NAME OF HOST HAY CR INS TITION IT hat in hospita, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Leland Memorial Mospital 3833 Hamilton Street YES NO THE requires that the death certificate be executed within 3 NAME OF First Middle Last 4. DATE Day Year DECEASED Carrie Virginia MOLTZ 26 DEATH 19 66 (Type or print) August 9 AGE (In years IF JNDER 1 YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Glast birthday) Months Days Hours 12/22/01 WIDOWED -DIVORCED 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 10a USUAL OCCUPATION (Give kind of work done **COUNTRY?** during most of working life, even if retired)
Homemaker INDUSTRY Virginia USA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME John Harner Mary Lou-1 Green IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Daughter Address Hgts. (Yes, na, ar unknawn) [(If yes give war ar dates of service) Mrs. D. A. Jackson, 8522 60th Ave, Berwyn INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) the **burial-transit** PART I. DEATH WAS CAUSED BY: Coronary occlusion IMMEDIATE CAUSE (a) DUE TO +201 Gen. arteriosclerosis unknown Canditions, if any, which gave nse to immediate cause (a), DUE TO far use as the t f Heatth priar ta b stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) NO J Diabetes mellitus and renal insufficiensy 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Nat While at wark at wark 2). I certify that (1) (this haspital) attended the deceased from 13 July , 1966, to present , 19 , that (1) (we) last saw the deceased alive an 23 August 19 66, and that death accurred at 3:25PM, fram causes and an the date stated above. 22b. DATE SIGNED 22n. SIGNATURE STAFF PHYS. 26 August, 1966 Weisen MD. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Carl J. Houmann 4404 Queensbury Road, Riverdale, directar, shauld b 23d LOCATION (City or Town) (County)
Colman Manor Pro Geo 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (State) 23a BURIAL, CREMATION Burial Burial Md. Ft Lincoln Cemetery 1966 25g, REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURES 24. FUNERAL DIRECTOR DATE AUG



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11789CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death filled in by the funeral papers. Pages 1 and 2 thin 72 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH a. COUNTY o. STATE **b.** COUNTY Prince George's Prince George's MARYEAND c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside carparate limits, c LENGTH OF STAY IN 16 write RURAL and give nearest town) Edmonston Md. Cheverly 1 day d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? Prince George's General Hospital 4806 52nd avenue YES NO DO 3 NAME OF Middle Earst Last 4. DATE Month Dov Year event, wh DECEASED August 19. B966 Eldridge Merris (Type or print) DEATH F UNDER 1 YEAR | IF UNDER 24 HRS. 8 DATE OF BIRTH AGE (In years S SEX 6 COLOR OR RACE 7. MARRIED **NEVER MARRIED** last birthday) Months Hours white March 15, 1886 male WIDOWED DIVORCED attending physician and sermit. Then please rem and in an 10a. USJAL OCCUPATION (Give kind of work done during most of warking life, even if retired) 12 CITIZEN DE WHAT 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) COUNTRY? INDUSTRY Virginia
14. MOTHER'S MATDEN NAME US carpenter 13. FATHERS NAME Viola Davis Sanford Morris 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknawn) ((If yes give war ar dates of service) 16 SOCIAL SECURITY NO. 17 INFORMANT Address Ethel N. Morris Edmonston Md. no būrial transit perr burial, crematian, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) signed by DUE TO Canditians, if any, which gave rise to immediate cause (o), DUE TO stating the underlying cause as the priar to t Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use r Health p YES NO K 20o ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, (City or town) (State) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (County) factory, street, office bldg., etc.) Hour a.m. Nat While at work at work , 1966, to. 21. I certify that (I) (this hospital) attended the deceased from___ 19, 196 4 that (1) (we) last 1966, and that death accurred at 7.72 M. from causes and on the date stated above. saw the deceased dive on 22b DATE SIGNED 22g SIGNATURE ATTENDING STAFF Aug 19, 1966 DIRECTOR . director, page Should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Hyattsville, Md Donald C. Edgron 23d LOCATION (City or Town)
Colmar Manor, 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (County) Pro Geo Md. REMOVAL (Specify)
Burial 23. 1966 Ft Lincoln Cemetery 25b REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 1966 F. Gasch's Sons Hyattsville, Md.



| - | 1 | | MARYLAND STATE DE | EPARTMENT OF HEALTH S. 301 W. PRESTON STREET. BALTIMORE 1. M | ARYLAND |
|------------|--|---------------|---|--|-------------------------------------|
| - Carriero | N | | _A _/ Sec () B | E OF DEATH | 11730 |
| Table . | funeral funeral r death. | 11. | PLACE OF DEATH a. COUNTY | 2. USUAL RESIDENCE (Where deceased lived, If Institution: Re | esidence before admission) |
| | | | Prince Cao. MARYLANO | a. STATE b. COUNTY Naryland fr. Ceo. | |
| | | | b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) | c. CITY OR TOWN (If outside corporate limits, write RURAL | and give nearest town) |
| | Page 1 | _ | Hyattsville 3 mos. | Hyattsville | , |
| | 727 | | d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) | d. STREET ADDRESS | e. IS RESIDENCE ON A FARM? |
| | Egi O | _ | 5356 - Quincy Place | 5356 - Quincy Pl. | YES NO X |
| | requires that the death certificate be executed within 24 hours ding physician. been signed by the attending physician and completely filled in by the burial-transit permit. Then please remove carbon papers. Pa to burial, cremation, or removal and in any event, within 72 hours of the burial completely filled in the burial completely. | 3 | NAME OF DECEASED (Type or print) Gerage Washingtone | Morrow 4. DATE Month OF DEATH | Day Year 17 1966 |
| | d con | 5. | SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIEO | 8. DATE OF BIRTH 2/23/1896 9. AGE (In years IFUNDER Months) 7 Jast birthday) Months | Oays Hours Min. |
| | in and | 10 | .USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired) OUTONE OF BUSINESS OR INDUSTRY | VIS. | ITIZEN OF WHAT |
| | Sician sician and in | " | Guard | Wash. D.C. | U.S.A. |
| | ng physician hen please noval and in | 13 | FATHER'S NAME | 14. MOTHER'S MAIDEN NAME | |
| | | | James P. Morrow | Fannie Turrough | |
| | Constitution of | 15 (Y | rs, no, or unkown) (If yes give war or dates of service) | INFORMANT Address | |
| | on, jon, | | | Irs. Mary A. Morrow (above | address) |
| | by the missit can appropriate the mast can app | | 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] | (1,10) | INTERVAL BETWEEN ONSET AND DEATH |
| | ian. Sian. | | PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acrite Cereb | ral nemorrange | 15 min- |
| | ding physician. been signed by the attending physician the burial-transit permit. Then please to burial, cremation, or removal, and in the transit permit. | | Conditions, if any, which) OUE TO Hypertensis | n - arterioscherosis | 10 ys. |
| • | ng pure pure pure pure pure pure pure pure | | gave rise to immediate cause (a), stating the OUE TO | | , |
| | endi endi is b rior | _ | underlying cause last. (c) | | |
| | pital or attendination of Health prior of Health prior | E E | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL | ATED TO THE TERMINAL RISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY PERFORMED? |
| | A: The trail or a trificate for use Health | 집 | Carcinoma of Prostate - 1 | , Kimevill) | YES NO |
| | TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. To FUNERAL DIRECTOR. After this certificate has been signed be director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, created the state Dept. And the state Dept. And the state Dept. To the state Dept. To burial, created the state Dept. | CERTIFICATION | 20a. ACCIDENT WAS UNDERLYING 20b. OESCRIBE HOW INJURY OCC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | URREO. (Enter nature of Injury in Part 1 or Part II of Item 18. | |
| | the this deta | MEDICAL | 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PL Hour a.m. (While - Not While - | ACE OF INJURY (Home, farm, 20f. (City or town) (Coutory, street, office bidg., etc.) | inty) (State) |
| | our attending by retained by JIRECTOR: After ge 3 should be ed with the Stat | Æ | Hour a.m. While Not While at work 19 | 24/2011 10/1/11 12/17 10/1 | h 11 1 10 1 1 1 1 |
| | ained ained DR. A DR. A Louid the C. A. | | 21. I certify that (1) (this hospital) attended the deceased from | at death occurred at 6 CM, from the causes and on the | Liz, that (D)(we) last |
| | ATT retar re | | saw the deceased alive on 4-12-19 c., and the | at death occurred at S, from the causes and on the | ATE SIGNED |
| | | | 11/4/2 1 2006 | .D. ATTENOING MED. STAFF PHYS. D | 17-66 |
| | D HOSPITAL OR ATTENDI Page 4 may be retained O FUNERAL DIRECTOR: An director, page 3 should should be filed with the S | | 22c. PHYSICIAN'S R. D. Bauer, M. 77. | 2513 Bucklodge R.W. | aclephi no |
| | FUN FUN FUN FUN FUN FUN FUN FUN FUN FUN | 23 | BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER | RY OR CREMATORY 23d. LOCATION (City, town or con | unty) (State) |
| | E 5 5 2 | | S1771 21 1 E./ 19/66 1 5781 1 TAN | Nat. Cem. Prlin ton, Va | • |
| | | 24 | . FUNERAL DIRECTOR Malley's ADDRESS 1.U. | REGISTRAR 256. REGISTRAR 256. REGISTRAR | S SIGNATURE |
| | VR AI5 (4) | | Funeral Mo. e Inc. Haryland | d DATE AUG 22 1956 Police | Men Judge |
| | 20M 1/65 | | | | 0 |



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 117911795 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) p. COUNTY o STATE b. COUNTY Page ij death. Prince George's MARYLAND Hamilton Department b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If outs de carparate limits, write RURAL and give nearest town) and write RURAL and give nearest town) after Cheverly DOA Norwood d NAME OF HOSP TAL OR INSTITUTION (If not in hospita, give street oddress) d STREET ADDRESS S RESIDENCE ON A FARM? hours Pages ate Prince George General Hospital Williams Avenue YES NO S after death along with 3 NAME OF M.ddle Erst 4 DATE Lost Month Doy Year DECEASED OF w thin (Type or print) Motsinger Marsh 19 66 DEATH S SEX 6 COLOR OR RACE 8. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARR ED lost birthday) ₹ Months Dovs Hours hours D VORCED event White May 1896 Female tem | 100 USUA, OCCUPATION (Give kind of work done 10b KIND OF BUS NESS OR 11. B RTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? SUV MENTUCKY pages within 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME pencil .= MARSH œ pup WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO • 17 INFORMAN 6727 EDGEMERE DR This cert ficate should be executed ird "pending" ir Chief Medical ! (Yes no, or unknown) (If yes give wor or dotes of service permit removal, JAMES HILDEBRANDT NONE AMP SPRINGS 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH 5 IMMEDIATE CAUSE (6) Heart failure minutes icate, writing the ward be farwarded to the Ch s a burial-tra crematian, o DUE TO Conditions, if any, which gove (b) From Arteriosclerotic heart disease rise to immediate cause (o), DUE TO stoting the underlying couse 0.5 burial, t nsed PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY CERTIFICATION PERFORMED? NO 2 200. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter notuse of mury in Port I or Port II of item 18.) prior PRIMARY I OF CONTRIBUTING I OTCAL EXAMINER: CAUSE OF DEATH 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour o.m. While foctory, street, office bldg , etc.) DIRECTOR: Page 19 ot work 21 I certify that I taak charge of the remains described above, held an Autopsy Inspection 3, Inquiry 52. and in my apinian Natural causes 21. Accident death resulted fram: Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASS STANT MEDICAL EXAMINER SIGNATURE FUNERAL TO DEPUTY the funeral 50 DEPUTY MEDICAL EXAMINER **EXAMINER'S** may O FUNE Health NAME (Type) Address (Street, city, town, or county) John Kehoe, Riverdale. BURIAL CREMATION. NAME OF CEMETERY OR (REMATOR) 23d LOCATION (City or Town) (County) 11. W. Chambers Co 250 RECD BY REGISTRAR AUG 29 VR A15ME (5) 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) COUNTY b. COUNTY filled in by the 1 papers. Pages 1 hin 72 hours after 6-80529 Q G maryland RINCE GEERIGS MARYI AND b. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 16 H+ aTTS0,16 , 2m 6 Y. attsvill & d. NAME OF HOSPITAL DR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE within 72 ON A FARM? 17705 Hannon LIG LINED YES ND completely i within 3. NAME DE DECEASED First Middle Last DATE Month remove carb (Type or print) Haarina DEATH morra 19 ung : AGE (In years NF UNDER 1 YEAR IF UNDER 24 HRS. | Jast birthday) | Months | Days | Hours | Min. 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED 2210 and WIDOWED [DIVORCED [Ξ 10a. USUAL DCCUPATION (Give kind of workdone) 1Db. KIND DF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) pe COUNTRY? INDUSTRY Housew. PS LATANIA YISTI. death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME гетоуа HGOSTIND Manuel 29219 manuli 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 156. SOCIAL SECURITY NO. Address 17. INFORMANT the attent 5 (Yes, no, or unkown) (If yes give war or dates of service) Mary NO Hannon 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN signed by thurial-transit DNSET AND DEATH PART I. DEATH WAS CAUSED BY: ESPIRATORY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the prior underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? certificate NONE YES NO 4 this cerm detached fo 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c, TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, | 20f. (City or town) (State) (County) factory, street, office bidg., etc.) Hour a.m. After While at work at work p.m. 21. I certify that (I) (this hospital) attended the deceased from ساعاور DIRECTOR: 1 age 3 should M. from the causes and on the date stated above. and that death occurred at saw the deceased alive on 22b. DATE SIGNED 22a. SIGNAJURE page M.D. TO FUNERAL PHYSICIAN'S 22d. ADDRESS director, p NAME (Type) 235 BURIAL CREMATION, 2366 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) (State) REMOVAL (Specify) FUNERAL DIRECTOR ADDRES: 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR AI5 (4) 2DM 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY MARYLAND by the f Pages 1 urs after hours after PRINCE GEORGE'S GEORGE'S MARYLAND b. CITY OR TOWN (if outside corporate limits, c. City OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b filled in by papers. Pagi in 72 hours write RURAL and give nearest town) ANDREWS AIR FORCE BASH 32 DAYS OXON HILL d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE 24 ON A FARM? bon pay HOSPITAL ANDREWS OAKCREST YES ND X executed within ely 3. NAME DE First Middle Last 4. DATE Month Day Year and complete remove carbo any event, w DECEASED (Type or print) ANNA MOULTON LOUISE DEATH AUGUST 19 66 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 5. SEX DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. last birthday) | Months | Days | Hours | Min. Days FEMALE CAUCASIAN WIDOWED DIVORCED 57 1909 physician and physician and physician and in 5 1Da. USUAL DCCUPATION (Give kind of work done i 10b. KIND DF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT death certificate be during most of working life, even if retired) INDUSTRY COUNTRY? U.S.A HOUSEWIFE N/A BALTIMORE MARYLAND attending physemit. Then permit. Then permit. Then permit. 13. FATHER'S NAME MOTHER'S MAIDEN NAME UNKNOWN HOWARD

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) | (11 yes give war or dates of service) SOPHIE EICHELBERGER 17. INFORMANT 16. SOCIAL SECURITY NO. Address been signed by the atten the burial-transit permit. or to burial, cremation, or a NO 098-09-0961 WALLACE R MOULTON-SAME AS ABOVE 18. CAUSE OF BEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH 5 MIN PART I. DEATH WAS CAUSED BY: RESPIRATORY ARREST retained by the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which METABOLIC ACIDOSIS L YEAR (b) gave rise to immediate has been as the prior to **DUE TO** cause (a), stating 1.0 YEARS underlying cause last. CHRONIC PYELONEPHRITTS CERTIFICATION PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY DIRECTOR: After this certificate t ge 3 should be detached for use led with the State Dept. of Health PERFORMED? YES X NO F 2Da. ACCIDENT WAS UNDERLYING I DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury In Part 1 or Part II of Item 18.) OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2De. PLACE DF INJURY (Home, farm, 2Df. (City or town) (County) (State) factory, street, office bidg., etc.) Hour a.m. While Not While at work at work p.m. 1966 to 22 AUG 1966 thatXIX(we) last 21. I certify that XI) (this hospital) attended the deceased from 22 JUL AHG saw the deceased alive pm>22 19.66 _, and that death occurred at 1 : O.W., from the causes and on the date stated above. 22b. DATE SIGNED 22a. SIGNATURE P ATTENDING PHYS. M.D. DIRECTOR PHYS. тау FUNERAL D lirector, pag hould be file 22ć. PHYSICIAN'S 22d. ADDRESS USAF HOSP director, p should be 1 JORDAN ANDREWS AFRWASHINGTON BURIAL, CREMATION, 23b. DATE THEREOF 23c/) NAME OF CEMETERY OR CREMATORY 23d J LOCATION (City, town or county) (State) REMOVAL (Specify) UR14L N670N FUNERAL DIRECTOR REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 25a. G VR A15 (4) DATE 20M 1/65



| 1 | at the same | |
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| Sirector, | M | |

WATE OF

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

| | 4 | 1 | 14, | Δ | |
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| Red. Dist. No | I. | Ł | 7 | 3 | 4 |

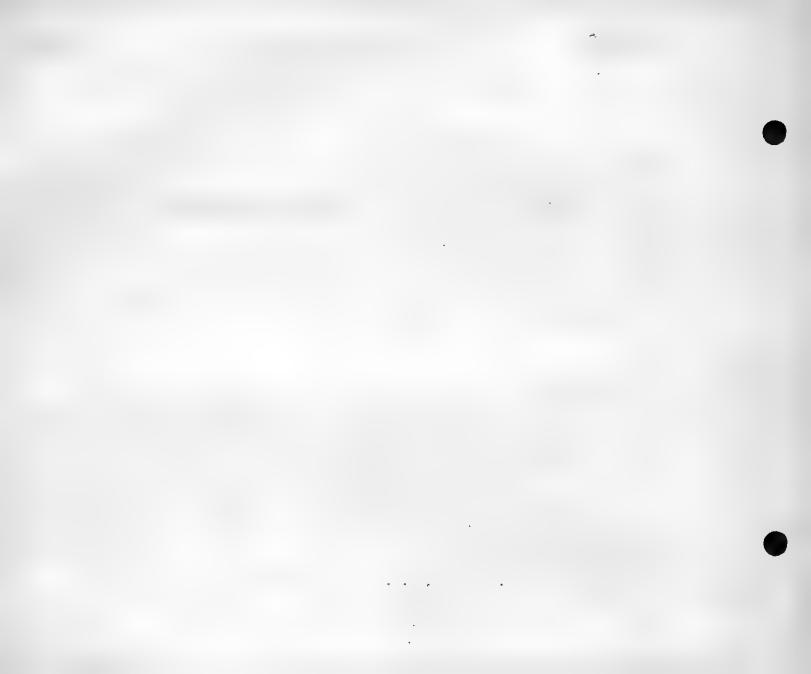
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|---|---|--|------------------|------------|-------------------|--|--|---------------------------------------|---------------------------------------|--------------------------|--------------|-----------|-------------|------------|--|
| ٦. | PLACE OF DEATH | | | | | | 2. USUAL RESIL | DENCE (Who | re decease | d lived. If ins | titution: Re | sidence b | efore admis | sion) | |
| | o. COUNTY Pri | nce Georges | | | MARYL | AND | o. STATE | arylan | nd | b. COUNTY Prince Georges | | | | | |
| | b. CITY OR TOWN (I RURAL and give ne | f outside corporate limits, | write | c, LENG | GTH OF STAY I | N 16 | c. CITY OR 1 | OWN (IF ou | itside corp | orote limits, wr | | | | | |
| Cheverly Hillcrest Heights Rural | | | | | | | | 11 | · · · · · · · · · · · · · · · · · · · | | | | | | |
| d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Prince Georges Hospital 2600 Keating Street | | | | | | | | e. IS RESIDENCE ON A FARM? | | | | | | | |
| L | Pr | ince Georges | Ho | spit | al | | 2600 K | eating | Str | eet | | | YES 🗍 NO 🔀 | | |
| 3. | NAME OF DECEASED | First | | | Middle | | Los | | 4. DATE OF | | Month | | Doy | Yeor | |
| L | (Type or print) | | | | Mulvey | | | | DEATH | PAUL | ust ' | 5 | | 19 66 | |
| 5. | SEX | 6. COLOR OR RACE 7 | MARR | IED 🔲 N | NEVER MARRIE | | B. DATE OF BIRTI | 4 | | 9. AGE (In your birthe | oy) Man | | AR IF UND | ER 24 HRS. | |
| L | Male | 1 | /IDOWE | | DIVORCED | - 1 | July 9 | | | 812 | yrı | | | | |
| 10 | | ON (Give kind of work dor king life, even if retired) | 10b. | KIND OF | F BUSINESS OF | s INDÚS | TRY 11. BIRTHPL | ACE (Stote o | ir foreign c | country) | 12 | . CITIZEN | OF WHA | T COUNTRY? | |
| | | | | U.S. | Govern | ment | I | reland | | | | US | A | | |
| 13. | FATHER'S NAME | | | | | | 14. MOTHER'S | MAIDEN N | AME | | | | | | |
| | Francis | J. Mulvey | | | | | Sa | rah J. | . ? | | | | | | |
| | | R IN U. S. ARMED FORCE | | SOCIAL! | SECURITY NO. | 17. IN | FORMANT | | | | Address | | | | |
| | | | | | | Ja | mes Mu | lvey | 2000 | Keatin | g Str | reet | | | |
| | 18. CAUSE OF DEA | TH {Enter only and cause | per lir | 10 far (a) |), (b), and (c).] | | 6 | . 7 | | | | 10 | NTERVAL B | ETWEEN | |
| | PART I. DEA | TH WAS CAUSED BY: IMMEDIATE CAUSE (a) | | 60 | 2000 | ور محر | : ac | chu | Lecr | | | ľ | HASE I MINE | DEATH | |
| | 4.111 | DUE TO | 67 | 1 | Я | V | 1 / | | | croles | a | | | | |
| | Conditions, if o | ny, which) (b)_ | 150 | de | med | Pt | Voring | elour | - C | cooker | mot. | | | | |
| | gove rise to it | mmediote (Due 10 | | | 11 | | | · · · · · · · · · · · · · · · · · · · | | | | | | | |
| | lying couse lost. | (c)_ | | | colo | ena | angerith. | | | | | | | | |
| z | Part II. OTH | IER SIGNIFICANT CONDIT | TIONS C | ONTRIBL | UTING TO DEA | TH BUT | NOT RELATED TO | THE TERMIN | IAL DISEA | SE CONDITION | GIVEN IN | PART 1(o | 19. WAS | AUTOPSY | |
| CERTIFICATION | | | | | | | | | | | | | | ORMED? | |
| É | 20g. ACCIDENT WA | S UNDERLYING 1 20 | b. DESC | CRIBE HO | OW INJURY O | CURREC |). (Enter nature o | f injury in P | ort for Pe | rt II of item 18 | 1 | | | | |
| | | CAUSE OF DEATH MEDICAL EXAMINER) | | | | | | | | | | | | | |
| 3 | 20c. TIME OF INJUR | Y Month, Day, Year | | | | | CE OF INJURY I | | | y or town) | | (Coun | ty) | (State) | |
| MEDICAL | Hour a.m. | 19 | While of work | k 🔲 🙌 | t while work | 100 | / | orogi, sic., | | , | | | | | |
| | 21. I certify th | at I attended the d | eceas | ed fron | n | 81/ | 24 196/ | . to | 8- | 5 . 19 | €€.the | at I lost | saw the | deceased | |
| | alive on | 7/30 | 19 | | | death | accurred at | - 4 | M. fra | m the caus | | | | | |
| | | (1) | / | -3 | ,, | | | | | Street, city or t | | | | ATE SIGNED | |
| | ACTUAL SIGNATURE | Hovee | 6° | LC2 | nert | 6. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 | M.D. 290 | Fai | Max | nn 57 | 55 | \equiv | 81 | 5 S GE | |
| | | 1 1 | - / / | | | 11 | . 16 | 00 | | 1-15 | _ | _ | U: | 4 | |
| L | PHYSICIAN'S NAME (Type) | Javid 1 | VE | 2 41 | arely | 1221 | | L'CC | C.PS" | f-He | 19 h | 73 | 04, | | |
| 22 | o. BURIAL, CREMATIO | N, 226. DATE THEREOF | | 22c. N | AME OF CEME | TERY OF | R CREMATORY | | 22d. LOC/ | ATION (City, to | wh, ar cou | inty) | (Sto | ite) | |
| I | Burial | 8/9/66 | | 1 | Mt. 01i | vet | Cemeter | | | hington | | | | | |
| 23 | . FUNERAL DIRECTOR | 'S SIGNATURE | | AD | ODRESS | Me | aryland | 24o. REC'Ü | HO 4 | | REGISTRAR | | | | |
| V: | llhelm Fund | eral Home 43 | 08 5 | Suit | land Rd | . St | itland | RATE A | 106 I | 0 1966 | 1 | long | ly fu | Car | |

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY a. STATE Maryland b. COUNTY Prince Georges Prince Georges MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENCTH OF STAY IN 1b hours within 72 hours Lewsidale 6 days Cheverly .5 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? filled d. STREET ADDRESS Prince Georges General Hospital 2113 Charleston Place ND TY etely executed within pou 3. NAME OF DATE Month Middle Last Day Year DECEASED DEATH Norton (Type or print) Elizabeth 16 19 66 Aug. . 5. SEX 6. COLOR OR RACE 7. MARRIED XX NEVER MARRIED DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR IFUNDER 24 HRS last birthday) Months Days Hours attending physician and-rmit. Then please remora, o, or removal, and in any White WIDOWED [DIVORCED (28 Dec.1911 54 3 Female 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or T 12. CITIZEN OF WHAT COUNTRY? country) death certificate be Dept. Store USA Saleslady Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Chichester Annie E. Hammersl 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address 16. SOCIAL SECURITY NO. 17. INFORMANT ed by the attend transit permit. , cremation, or r (Yes, no, or unkown) (If yes give war or dates of service) Νo John Norton Same as 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN this certificate has been signed by the letached for use as the burial-transit bopt, of Health prior to burial, crema ONSET AND DEATH PART I. DEATH WAS CAUSED BY: PHYSICIAN: The law requires that the the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) PERFORMED? NO T YES TO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part | or Part II of Item 18.) EDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) Hour a.m. While Not While FUNERAL DIRECTOR: After irector, page 3 should be doubt be diled with the State be retained by at work at work ATTENDIN 21. I certify that (I) (this hospital) attended the deceased from and that death occurred 11,55RM from the causes and on the date stated above. 19.66 saw the deceased alive on. SIGNATURE ATTENDING PHYS. DIRECTOR PHYS M.D. Page 4 may CIAN'S 22d. ADDRESS director, p NAME (Type) Harry N. Carlton. M.D. DATE THEREO NAME OF CEMETERY OR CREMATORY LOCATION (City. town or county) (State) BURIAL, CREMATION. 23b. REMOVAL (Specify) 2 Manor Colmar Maryland Buria Lincoln Cemetery REGISTRAR 25b. REGISTRAR'S SICNATURE FUNERAL DIRECTOR 4th St. NE VR A15 (4) Sons Washington. Lees 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission PLACE OF DEATH a. COUNTY a. STATE **b** COUNTY Prince Georges lease remave carban papers. Pages I and in any event, within 72 hours after MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawni Glenn Dale (rural) 6 days Washington, D.C. d NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street oddress) A STREET ADDRESS e IS RESIDENCE ON A FARM? completely filled in 1604 17th St., N.W. Glenn Dale Hospital NO A 3. NAME OF Middle Last 4 DATE Month DECEASED O'Connor 19 66 F. August Daniel DEATH (Type or pont) 1 8. DATE OF BIRTH IF UNDER 24 HRS 9 AGE (In years IF UNDER 1 YEAR S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last outhday) Months Dovs Hours 12/25/1894 WIDOWED D VORCED White 10a ... SUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT 10b KIND OF BUSINESS OR during most of working life, even if retired) Mass. retired 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME (mailen name O. Connor) Charles O'Connor Mary Address 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, na, or unknown) (If yes give wor ar dates of service) Decedent 012-34-5344 ves Navy 1918-192 burial, crematian, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Pulmonary tuberculosis, far advanced Page 4 may be retained by the haspital or attending physician. DUE TO Conditions, if only, which gave rise to immediate couse (a), DUE TO stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been detached far use as the te Dept. af Health priar ta 19. WAS AUTOPS? PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO X YES Cerebrovascular accidents, recurrent 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item IB.) 20g ACCIDENT WAS UNDERLYING [7] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, (City or town) (Stote) 20d INJURY OCCURRED 20f. (County) 20c. TIME OF INJURY Month, Day, Year Not While factory, street, office bldg., etc.) at wark 21. I certify that (1) (this haspital) attended the deceased fram 8/3/ 19 66 to 8/9/ 19 66, that (f) (we) last 8/9/ 1966, and that death accurred at 5:40 M from causes and an the date stated above. saw the deceased alive on. 22b. DATE SIGNED 22o. SIGNATURE ATTENDING MED. DIRECTOR STAFF PHYS. directar, page 3 should be filed v M.D. 22d. ADDRESS 22c. PHYSICIAN'S Glenn Dale Hospital, Glenn Dale, Md. NAME (Type) Moe Weiss, M.D. 23d. LOCATION (City or Town) 23o. BUR,AL, CREMATION, REMOVAD (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (State) 8-10-1966 St. John Cemetery Worcester 25b. REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR 24 NEUNERAL DIRECTOR VR A15 (4) III0 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY a. STATE b. COUNTY after Prince George's MARYLAND Maryland Prince George's by the Pages CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b rs. Pag hours East Riverdale filled in days Cheverly n and completely filled lemove carbon papers. In any event, within 72 h e. IS RESIDENCE ON A FARM? d, NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Prince George's General Hospital 6303 64th Avenue NO YES executed within 3. NAME OF DATE Month Year Middle Last DECEASED C. (Type or print) arh am DEATH 1966 Hugh August AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH last birthday) | Months | Days Hours 9/18/08 Male WIDOWED DIVORCED (White .5 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR during most of working life, even if retired) | INDUSTRY 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) 8 and ir COUNTRY? þ Baltimmore. Md. .S.A. Merchant Marine Then ple certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending ph ermit. Then Virginia B. Birdsong Hugh C. Parham. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SEGURITY NO. TO HOSPITAL OR ALLEMANDE.

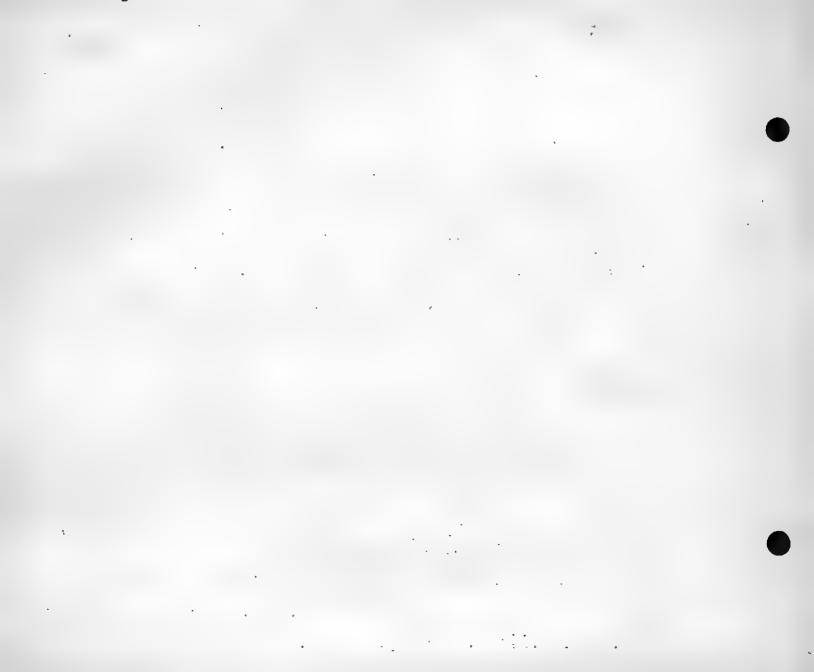
Page 4 may be retained by the hospital or attenume process.

FORERAL DIRECTOR: After this certificate has been signed by the attentionation, page 3 should be detached for use as the burial-transit permit.

Should he filed with the State Dept. of Health prior to burial, cremation, or (Yes, no. or unkown) ((If yes give war or dates of service) Virginia T. Parham 223-01-3943 Same INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one causa per line for (a), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO [20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm. 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 5:45 M, from the causes and on the date stated above. saw the deceased alive on DATE SIGNED 22a. SIGNATURE-Dm ATTENDING PHYS. DIRECTOR PHYS. M.D. PHYSICIAN'S 22d... ADDRESS NAME (Type) Frederick H. Wilhelm NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) DATE THEREOF BURIAL, CREMATION. 23b. REMOVAL (Specify) Lincoln Cemetery tery Prince Georges Count 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE burial 24. FUNERAL DIRECTOR IMEN St. Hines Co 1966 VR A15 (4) washington. D.C. DATE 15M 4-64



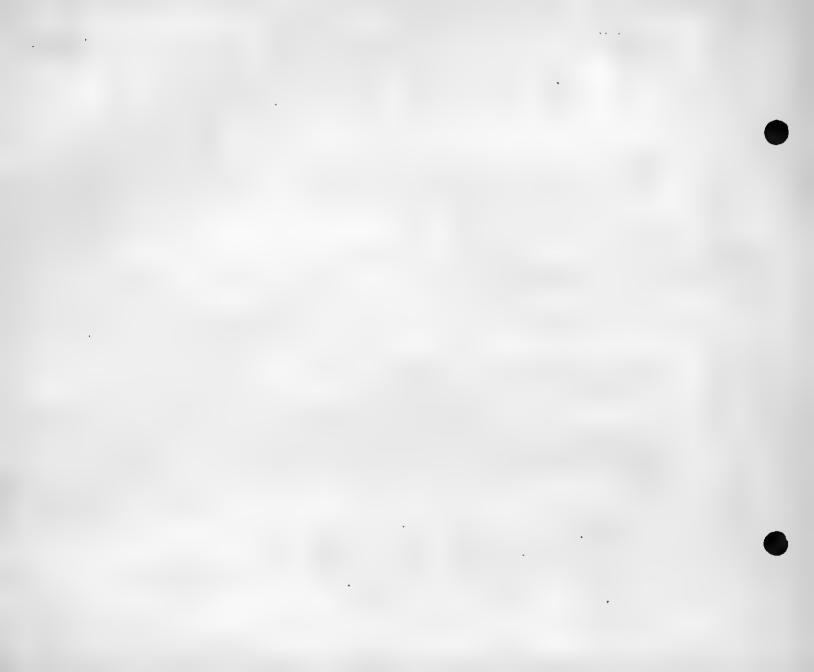
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where decrased lived, if institution: Residence before admission) a. STATE b. COUNTY Prince George's Mary land Prince George's MARYLAND b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 letely filled in by irbon papers. Page t, within 72 hours a 2 days Cheverly Mitchellville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Prince George's General Hospital Box 13E, Rt. 2 completely ve carbon p YES ND 3. NAME OF Middle Last 4. DATE Month Year DECEASED (Type or print) DEATH Babv Boy (B) Parker 19 August 66 n and c. 5. SEX 6. COLOR OR RACE NEVER MARRIED DATE OF BIRTH AGE (in years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED last birthday) | Months **Days** Hours WIDOWED J DIVORCED [Male Negro August 15, 1966 1Da. USUAL DCCUPATION (Give kind of work done | during most of working life, even if retired) ettending physician a ermit. Then please result, on removal, and in 10b. KIND OF BUSINESS DR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT INDUSTRY COUNTRY? None death certificate ___ Prince George's, Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas Leon Parker Barbara Juanita Wells 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) | (If yes pive war or dates of service) 16. SOCIAL SECURITYNO. 17. INFORMANT has been signed by the attent as the burial-transit permit. Address Mother as above 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: OR ATTENDING PHYSICIAN: The law requires that to be retained by the hospital mr attending playsician. IMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which (b) gave rise to immediate DUE TD cause (a), stating the ww underlying cause last. anaucus (c) CERTIFICATION PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY FUNERAL DIRECTOR: After this certificate hirector, page 3 should be detached for use nould be filed with the State Dept. of Health i PERFORMED? YES XX NO [2Da. ACCIDENT WAS UNDERLYING TO DR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm. 20f. (City or town) (County) (State) Hour a.m. factory, street, office bldg., etc.) While Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from August 15, 1966, to August 17, 1966, that (I) (we) last saw the deceased alive on August 17 19 66, and that death occurred at6:30M, from the causes and on the date stated above. 22a. SIGNATURE DATE SIGNED MED. STAFF PHYS. Page 4 may f M.D. DIRECTOR PHYSICIAN'S director, p should be NAME (Type) John W. Perkins 6201 Riverdale Road, Riverdale, Md. BURIAL, CREMATION. 23b. DATE THEREOF 23c....NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) 66 Prince George's Gen. Hosp. Cheverly Maryland EUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Penn, Admin. Jr., Oheverly, Maryland. VR A15 (4) 20M 1/65



| | | MAKYL | ANU | STATE DEPA | AKIMI | ENI OF HEALIH | -BAL | IIMOKE, I | 8 | | | | |
|--|--|--|---------------------|--------------------------------------|------------------|--|------------------------|--------------------------------------|--------------|-----------------|-----------|----------------|--|
| | 11804 | | | CERT | IFICA | TE OF DEATH | | Reg. Dist. No. (2) | | | | | |
| 1. 1 | COUNTY of | ne George | 2 | MAR | YLAND | 2. USUAL RESIDENCE (Who o. STATE Mary) | | d lived. If institution b. COUNTY | nı Reside | Price Defoi | re admiss | ion) | |
| | RURAL and give no | | | c. LENGTH OF STAY | r IN 16 | c. CITY OR TOWN (If au | | | JRAL and | give neo | rest fown |) | |
| | L NAME OF HOSPIT | Heights, AL (If not in haspital, g | | oddress) | | Fairmour | nt He | ights | | | e. IS RES | IDENCE. | |
| 7 | _ OR INSTITUTION | Avenue | | | | 722 6lst | Aven | ue | | | ON A | FARM? | |
| | NAME OF DECEASED (Type or print) | Fin Ge: | orge | Middle All | | Patterson | 4. DATE OF DEATH | Mon 8 | | Do: | 1 | rear 19 66 | |
| S. S | SEX | 6. COLOR OR RACE | 7. MARR | HEDE NEVER MARR | IED 🔲 E | DATE OF BIRTH | | 9 AGE (In years lost birthday) | IF UNDE | | IF UNDE | R 24 HRS | |
| | Male | | WIDOWE | | | 3/18/1885 | | 81 yrs | | Doys | Hours | Min | |
| | Bondsmar | | | ail-Bond | OR INDUS | Maryland | <u> </u> | ountry) | 12. C | ITIZEN O | | COUNTRY | |
| Samuel Patterson 14. MOTHER'S MAIDEN NAME Susan Berry | | | | | | | | | | | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address | | | | | | | | | | | | | |
| Yus | No. or unknown) | If yes, give wor or dates of se | ^{rrice)} 5 | 78-52-24 | ODE1 | mer Patters | on-s | on- | | | | | |
| | | TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o | - (| Reute | Cor | / | | Faction | ٤ | INTE | RVAL BE | TWEEN DEATH | |
| | Canditions, if any, which gave rise to immediate case (a), stoting the under lying cause lost. DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO | | | | | | | | | | | | |
| CATION | | | | | | | | | | | | | |
| CERIII | 200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY | S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) | 20b. DES | CRIBE HOW INJURY O | OCCURRED | (Enter noture of injury in Po | art I or Par | I II of item 18.) | | | | | |
| MEDICAL | 20c. TIME OF INJURY Hour o. m. p. m. | Month, Day, Yea | while | Not while at work | 20e. PLA foct | CE OF INJURY IHome, form, lary, street, affice bldg., etc.) | 20f. (City | or town) | | (County) | | (State) | |
| | 21. I certify that lattended the deceased from 1958, 19, to present, 19, that I last saw the deceased | | | | | | | | | | | | |
| alive on 19, and that death occurred at 1/80M, from the causes and on the date stated above ADDRESS (Street, city or town, stole) ACTUAL SIGNATURE M.D. 1212 M.D | | | | | | | | | | | | | |
| PHYSICIAN'S Charles J. Izeland, M.D. 1240 Rhede Island Ave | | | | | | | | | 1 <u>3</u> 2 | 3.6 | 8/4/ | | |
| 220 | REMOVAL (Specify) | N. 226. DATE THEREO | F | 22c, NAME OF CEM | _ | | | TION (City, fawn, a | r county) | | {Stote |) | |
| l _ | Burial FUNERAL DIRECTOR tewart F | 1 | me -4 | Carver M A Mobres (M 1001 Benr | rant | 240 REC'D | | y Land RAR 246. REGIS 9 1966 | | IGNATUR Syle | | tge. | |
| <u> </u> | | | | | | | - W | | // | | 11 | - | |



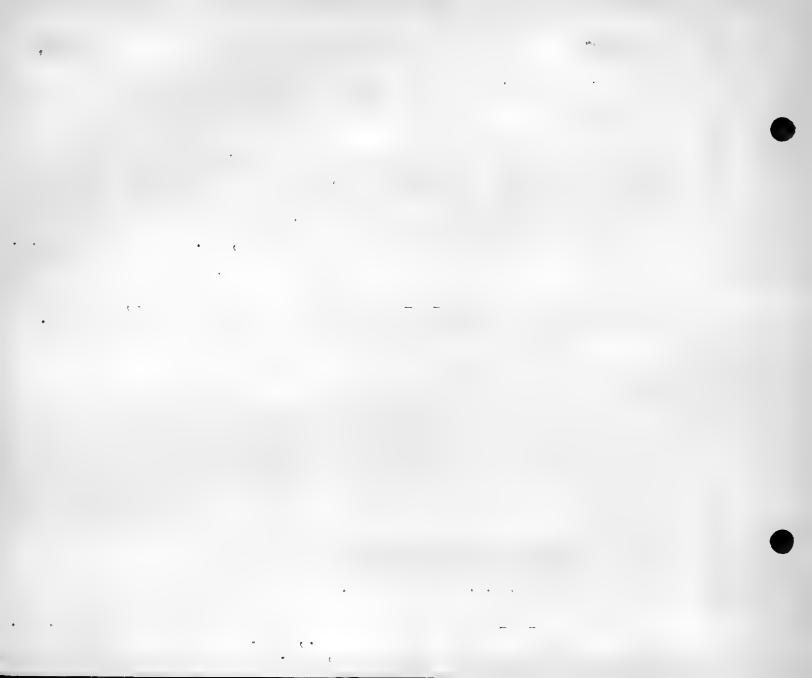
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALT!MORE 1, MARYLAND CERTIFICATE OF DEATH death. 1. PLACE DF DEATH USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) GLORGE a. COUNTY b. COUNTY after Nsician and completely titled in by the please remove carbon papers. Pages 1 If any event, within 72 hours after 704MARYLAND b. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 24 hours 4-SHINGTOIX 44 50,11 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 407 OOSEV NO G completely executed within NAME OF Middle Month Day Year Last DECEASED OF DEATH (Type or print) 19 60 6 AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE DATE OF BIRTH 8. 7. MARRIED NEVER MARRIED last birthday) Months Davs Hours WIDOWED 7 DIVORCED [J yrs. 10a. USUAL OCCUPATION (Give kind of work done) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) certificate be during most of working life, even if retired) INDUSTRY COUNTRY? 5 516 115 FATHER'S NAME MOTHER'S MAIDEN NAME 15AAC POLCWAY ELA been signed by the attendit the burial-transit permit. I r to burial, cremation, or re 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. death (Yes, no, or unkown) | (If yes give war or dates of service) MebRaska toh 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: or attending physician. WITH IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate the lor to lo DUE TO cause (a), stating the underlying cause last. as (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY detached for use e Dept, of Health PERFORMED? NOJ YES the hospital DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) 20a. ACCIDENT WAS UNDERLYING IT OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work OR ATTENDIN be retained t director, page 3 should should be filed with the 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 32 M, from the causes and on the date stated above. saw the deceased alive on. 1966 DATE SIGNED 22a. SIGNATURE 22b. ATTENDING M.D. DIRECTOR PHYS. PHYS Page 4 may PHYSICIAN'S 22d. ADDRESS NAME (Type) BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a. 23b. MT. LEBANON CEMETER REMOVA 24. FUNERAL DIRECTOR ADDRESS 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAR CERTIFICATE OF DEATH death. and the funeral and PLACE OF OEATH a. COUNTY USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) b. COUNTY the p after ter Prince George Prince George Marvland MARYLANO by the b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b emove carbon papers. Pagany event, within 72 hours hours Baw1e 20 Ξ ALS. Bowie filled i d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Zug Road 8405 YES No or 8405 executed within completely 3. NAME OF DATE First Middle Month Oay Year 4. DECEASED DF DEATH 3 19 66 (Type or print) and con 5. SEX 6. COLOR OR RACE AGE (In years of UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months | Days | Hours | Min. OATE OF BIRTH 7. MARRIED TO NEVER MARRIED White 78 Male WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) g physician a please re = 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT RTHPLACE (County & State, or foreign country) U.S.A. certificate be Ret. Salesman Pettis, Missouri Armour Co. 13. FATHER'S NAME MOTHER'S MAJOEN NAME has been signed by the attending as the burial-transit permit. The prior to burial, cremation, or remo LaBrilla Schackelford Pearson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. death (Yes, no. or unknwn) | (If yes tive war or dates of service) Mrs.Annie L. Pearson 578-05-1722 (above address No wife INTERVAL BETWEEN DNSET AND PEATH 18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c),] law requires that the PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last, certificate has WAS AUTOPSY CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OCAUSE OF OCATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. Ænter nature of be detached for State Dept. of F MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) TO HOSPITAL OR ATTENDING PH Page 4 may be retained by the TO FUNERAL DIRECTOR: After th director, page 3 should be del should be filed with the State D factory, street, office bldg., etc.) Hour a.m. Not While OR ATTENDING F at work at work p.m. 21. I certify that (I) (this hospital) attended the deceased from I'M, from the causes and on the date stated above. saw the deceased alive or and that Beath occurred OATE SIGNEO 22b. 22a. SIGNATURE MED. DIRECTOR PHYS. M.O. AODRESS PRISICIAN! 22c. NAME (Type) LAUREL d. LOCATION (City, town or county)
Colmar Manor, Ma BURIAL, CREMATION, (State) 23a. 23b. DATE REMOVAL (Specify) Fort Lincoln Cem. Md. 3/66 Funera Pooress t. Rainier 25a. Rec'o by Registrar 25b. Registrar's Signature 24. FUNERAL DIRECTOR Na 11ey's Maryland Inc. Home VR A15 (4) 15M 4-64



| 1 (N | 1 | MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 |
|--|-----------------|---|
| FOR STATE | 2 | 11807 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 11803 |
| HEALTH DEPT. | 1 | PLACE OF DEATH a. COUNTY Prince George's ARRYLAND 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) b. COUNTY Maryland Prince George's |
| f orly delay is 1, 2, and 3 to m PM3. Page Department of rs after death. | | b C TY OR TOWN (If autside corporate I'm ts, write RURAL and give nearest town) c. ENGTH OF STAY IN 1b c CITY OR TOWN (If autside carparate lithits, write RURAL and give nearest town) |
| | - | d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? |
| death. I e Pages with far he State | 3 | Chamber's Funeral Home 3500 Perry Street YES NO X |
| offer alang with t | | (Type or print) Alanzo Thornton Peele DEATH 8 7 19 66 SEX 6. COLOR OR RACE 7. MARRIED MEVER MARRIED 8 DATE OF BIRTH 9. AGE (n years FUNDER 1 YEAR IF UNDER 24 HRS last birthday) Manths Days Hours Min |
| | 100 | Male White WIDOWED DIVORCED 27 Oct. 1897 68 yrs USUAL OCCUPATION (Give kind of work done in growth of working the even if retired) None None None None None None |
| d within 24 in pencil in l Examiner's Fie pages l and in any | 13 | FATHER'S NAME Unknown Mary (Unknown) |
| executed wit anding" in pe Medical Exan t permit. Fie emaval, and | I (Ye | WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT 17. INFORMANT 18. SOCIAL SECURITY NO. 17. INFORMANT 18. Address 18. MountRainie 18. SOCIAL SECURITY NO. 17. INFORMANT 18. SOCIAL |
| be "pe "pe "ipe "ipe "ipe or r | | 18 CAUSE OF DEATH (Enter only one cause per ne for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Heart failure IMMEDIATE CAUSE (b) Heart failure |
| s certificate shauld be e. writing the ward "pe farwarded ta the Chief t used as a burial transi a burial, crematian, or r | | 12(0 DUE TO Candintans, if any, which gave) (b) Arteriosclerotic heart disease over 7 yrs. |
| ificate ting th orded to as a k al, cren | | stating the underlying cause DUE TO ast. (c) |
| This certification is a farwarde farwarde de be used as or ta burial, or | CATION | PART II OTHER S.GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND THON GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES \(\sum \) NO \(\sum \) |
| | L CERTIFICATION | 206 EXTERNAL CAUSE WAS PRIMARY I or CONTRIBUTING TO CAUSE OF DEATH. 208 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of Item 18.) |
| XAMIN ute the ige 4 sh yaur fill Page 3 s | MEDICAL | 20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 40e PLACE OF INJURY (Hame, farm, Haur a.m. 40f at wark 19 ot wark 19 ot wark 19 ot wark 19 |
| tEDTCAL EXAMINER: T sase execute the certificative transfers. Page 4 should b ained far yaur files. IRECTOR: Page 3 shauld designated agent, prior | | 21. I certify that I taak charge of the remains described above, held an Autopsy, Inspection, inquiry, and in my opinion death resulted from Natural causes Accident, Suicide, Homicide, Undetermined manner |
| UTY MEDICA iny, please e eral director be retained be retained RAL DIRECT or its design | | ACTUAL SIGNATURE M D ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED |
| TO DEPUTY MEDICAL EXAMINER: necessary, please execute the certi the funeral directar. Page 4 should 5 may be retained for yaur files. TO FUNERAL DIRECTOR: Page 3 should Health or its designated agent, pri | 22 | EXAMINER'S NAME (Type) John Kehoe, M.D. Riverdale, Md. Address (Street, city, town, or county) 8-9-66 BURIAL, CREVATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Store) |
| 70 TO T | 230 | Runial 8-18-66 Narmony Cemetery Prince George's Co. Md. |
| VR A15ME | 1 | / Wight of Rolling Funeral 4500 Hunt Pl., My 60 17 FEGIS 1966 25 CHOSTRAKES GONATURE |



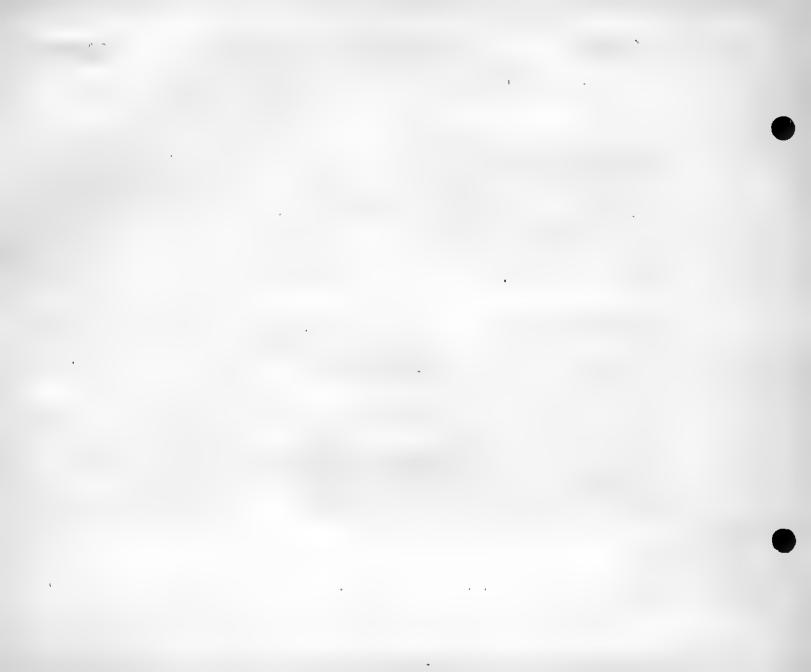
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death requires that the death certificate be executed within 24 hours after death pup attending physician and campletely filled in by the funeral permit. Then please remaye carbon papers. Pages I and 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY COUNTY b CITY OR TOWN (if outs de corporate limits, write RURAL and give nearest town) MARYLAND C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) rban papers Page d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) Bowie d. STREET ADDRESS e IS RESIDENCE ON A FARM? YES NO. Prince Georges General Hospital 12916 7th Street 3 NAME OF Middle Lost 4 DATE Month Doy Year DECEASED OF (Type or print) DEATH IF UNDER 24 HRS S SEX COLOR OR RACE 9 AGE 7 MARRIED NEVER MARRIED 65 ast buthday) Months Hours in any WIDOWED DIVORCED Colored 100 USUA, OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT and ii Unknewn COUNTRY? during maggof working life, even if retired) Lalwier 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME cremation, ar remayal, 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANT permit (Yes, no, or unknown) (If yes give wor or dates of service) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), burial-transit p PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o DUE TO signed l Conditions, if ony, which gave rise to immediate cause (a). DUE TO use as the lath prior to b stoting the underlying couse Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been last 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) MEDICAL CERTIFICATION director, page 3 shauld be detached for use shauld be filed with the State Dept. of Health MO YES . 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 205 DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20s PLACE OF INJURY (Home, form, 20d INJURY OCCURRED (City or town) (Stote) 20c TIME OF INJURY Month, Day, Year (County) Hour om foctory, street, office bldg , etc) Not While of work at work 21. I certify that (1) (this haspital) attended the deceased fram 7 -19_66, that (1) (we) last M. fram causes and an the date stated above. and that death accurred at saw the deceased alive an 22o SIGNATURE 22b DATE SIGNED ATTENDING M.D. DIRECTOR 22d ADDRESS 22c. PHYSICIAN S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY BURIAL CREMATION 23b DATE THEREOF 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Church Cemetery South Carolina Newberry. 24 FUNERAL DIRECTOR 25b, REGISTRAR'S SIGNATURE VR A15 (4) T. Knines Jashington. 20 M 1/66 DATE



| | | <u>_</u> | te | ms 18%21 Film 382 11-1?MARYLAND:STATE DEPARTMENT OF HEALTH | |
|-----------|--|---|----------|---|------------------------------|
| 1/2 | 1 | (to L' | | Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 | |
| 2 | FOR ST | | | 11809 MEDICAL EXAMINER'S CERTIFICATE OF DEATH | 805 |
| - Bertand | HEALTH (| 1542 | | | elore odmission) |
| 177 | 5 to 96 | 15 | 0 | Prince George's MARY AND Maryland Prince George | To la |
| Sele. | delay and 3 A3. Pa | dea | b | a. C.TY OR TOWN (If outside carporate limits, c. LENGTH OF STAY IN 1b L. C. TY OR TOWN (If outside carporate limits, write R. IRA) and once new | orest town) |
| _ | y delay s , ond 3 to PM3. Page | | | Cheverly DOA Upper Marlboro | · · |
| | - 6-4 | | ď | 1 NAME OF HOSP TAL OR INSTITUTION (I not in hosp to, give street oddress) d STREET ADDRESS - | e 5 RESIDENCE |
| | . 1. s . 1. s . i i i | ours | | Prince Course Co. 1 vi 11 1 | ON A FARM? |
| | rth nge h fo | 0 -0 | 2 N | NAME OF | 1 1497 |
| | hours ofter death tem 18. Give Page Office along with f | FI. | N D | DECEASED | Doy Year |
| | SlV ng | 五星上 ・ | | TOUGHT DEATH | AR IF UNDER 24 HRS |
| | 8. (8. dolo | | ſ | ost birthdoy) Months Do | |
| | urs n 1 | and 2 event | _ | Male White WIDOWED DIVORCED 14 Jan 1966 yrs 6 | |
| | e E E | l on | durin | USUA, OCCUPATION (G ve kind of work done no kind of Business OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN (COUNT) | N OF WHAT |
| | 24 In gr s | ges |] | None None Washington, D. C. U. | S. A. |
| | hin Prince | poges in any | | FATHER'S NAME | |
| | pe xar | File and | | Charles R. Posten Carolyn Ann Goodwin | |
| | pa E. Pa | | Yes. | WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address Same as Tto | // 0 |
| | ng dree | ovo | 1 | No Charles R. Posten-Same as Ite | m #2. |
| | INER: This certificate should be executed within 24 hours ofter death 1f call certificate, writing the word pending in pencil in Item 18. Give Pages 1, should be forworded to the Chief Medical Examiners Office along with form files. | burial-transit permit mation, or removal, | | 18 CAUSE OF DEATH (Enter on y one couse per line for (o), (b), and (c)) | NTERVAL BETWEEN |
| | be p | or or | | IMMED ATE (AUSE [6] Interstitial pneumonitis | ONSET AND DEATH |
| | ord ord | 부 등 | | DUE TO | |
| | sho w e | ig ig | | Conditions, if ony, which gove (b) Bronchial aspiration, mucous secretion | |
| | the the | 0 2 | | storing the underlying couse DUE TO | |
| | fico ing rdec | \$ <u>_</u> , | | last. (c) | _ |
| | erti wrif wo | used os burial, c | ٦ ۽ | PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) | 19 WAS ALTOPSY PERFORMED? |
| | is c for | 9 of 2 | FICATION | | YES X NO |
| | Tiggram be | d b | | 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18) | G. 9 L. |
| | ertii | prior | 8 | PRIMARY Or CONTR BUTING CAUSE OF DEATH | |
| | INER: e cert shoul files. | 3 should ant, prior | MEDICAL | 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) (County) | (Stote) |
| | MEDICAL EXAMINER: This ilease execute the certificate, director. Page 4 should be festined for your files. | FUNERAL DIRECTOR: Page 3 shealth or its designated agent, | 闄 | Hour o.m. Wh.le Not While of work of work | |
| | kecute Poge for you | Ped led | | | and in my opinion |
| | exe or. F | | - 1 | death resulted from Majural, couses Accident , Suicide , Homicide Undetermined monner | and he may opinion |
| | rse ecto | esic | | CHIEF MEDICAL EXAMINER | |
| | Plec dir etc | a P | | ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER | 22. DATE SIGNED |
| | ury Meary, please e serol director be retained | RAI or i | - 1 | EXAMINER'S DEPUTY MEDICAL EXAMINER | |
| | DEPU Stessor e fund may I | S & | | NAME (Type) John/Kehoe, M.D. Riverdale, Md. Address (Street, city, town or county) | 8-8-66 |
| | | | | BJRIA., CREMATION, / 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. OCATION (City of Town) (Co.) | |
| | 5 5 ± ~ | 5-0 | F | Burial 8/9/66 Trinity Cemetery Upper Marlboro | Md. |
| | | No. | 24 | FUNERAL DIRECTOR ADDRESS 250 REC D BY REGISTRAR 256 REGISTRAR 5 SIGNA | |
| | VR A1: | SME (5) 170 | Ri | itchie Bros. Upper Marlboro, Md. 18 1966 ycliarles you | de |
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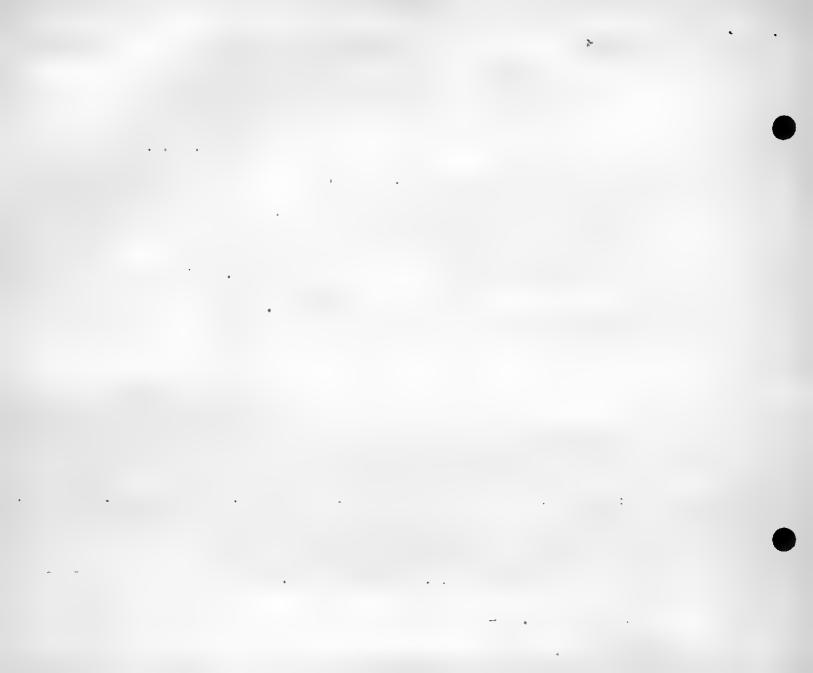


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY a. STATE b. COUNTY 5 death. Prince George's MARYLAND Prince George's Maryland Department of steep of the second of the sec c CITY OR YOWN (If autside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside carparate limits. c. LENGTH OF STAY IN 16 2, ond PM3. F write RURAL and give nearest town) DOA Cheverly Clinton S RESIDENCE ON A FARM? d NAME OF HOSP TAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS hours YES NO DE ote Give Pages Prince George General Hospital 9010 Dangerfield Place after death along with 3 NAME OF Middle Last 4. DATE Month Doy Year with the within 72 DECEASED OF (Type or print) William DEATH Prosper S SEX 6 COLOR OR RACE B. DATE OF BRTH AGE (In years IF UNDER 1 YEAR FUNDER 24 HRS 7 MARRIED ... NEVER MARR ED last birthday) Manths Hours DIVORCED WIDOWED within 24 hours _7_1937 gind 2 Male White 10b KIND OF BUSINESS OR 11 B RTHPLACE (State or foreign country) 10a USJAL OCCUPATION (Give kind of work done 2 CIT ZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY U.S.A. Electrican Louisiana Examiner 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME pencil Fie Ruth Louvier William Prosper Sr. 1 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO. Address e, writing the word 'pending' forwarded to the Chief Medical onsit permit or removol, (Yes, na, ar unknown) (If yes give war or dates of service) 213-32-1035 Barbara J. Prosper 9010 Dangerfield Pl. No IB. CAUSE OF DEATH (Enter on y one couse per line for (a) (b) and (c)) INTERVAL BETWEEN burrol-tronsit Laceration of brain PART I. DEATH WAS CAUSED BY. **州经时创电通**通用 This certificate should be IMMEDIATE CAUSE (o) writing the word cremation, DUE TO Skull fracture minutes Canditions, if any, which gave (b) rise to immediate cause (a), DUE TO stating the underlying couse 0 OS S used os burial, i 19 WAS AUTOPS PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. D SEASE CONDITION G VEN IN PART 1(a) PER+ ORMED? NO certificate, be to 20g EXTERNAL CAUSE WAS OFFICE BE HOW INJURY OCCURRED. (Enter noture of injury in Part of Part III of item 18) Car came off cinderblock crushing head of deceased prior plnods PRIMARY OF CONTRIBUTING should DICAL EXAMINER: CAUSE OF DEATH who was working under car ogent, 1 20e PLACE OF NJURY (Home, form, 20f (City or town) (County) 20c TIME OF NJURY Month, Day, Year 20d NJJRY OCCURRED factory, street, affice bldg., etc.) Not While moy be retained for your FUNERAL DIRECTOR: Poge about 9,00 pm 8-3466 Same as #2 at work L Home at work designoted Inspection 21. I certify that I taok charge of the remains described above, held an Autopsy laquiry 🚾 , and n my opinian ō Accident Undetermined manner deoth resulted from. Natural causes Suicide 1 Hamicide | CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY è DEPUTY MEDICAL EXAMINER ... 0 **EXAMINER'S** Kehoe, M.D. Riverdale, Md. 8-4-66 Heolth (**J**6hri NAME (Type) Address (Street, city, town, or county) 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) 230 BURIAL, CREMATION (County) REMOVAL (Specify)
Burial 50 Moreland Memorial Cemetery Baltimore, Maryland 8/8/66 256 REGISTRAR'S SIGNATURE 2So. REC D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15ME (3r AUG 966 Wm. Cook-Brooks Inc. 1217 St. Paul St. 21202 Marele 6M 1/66

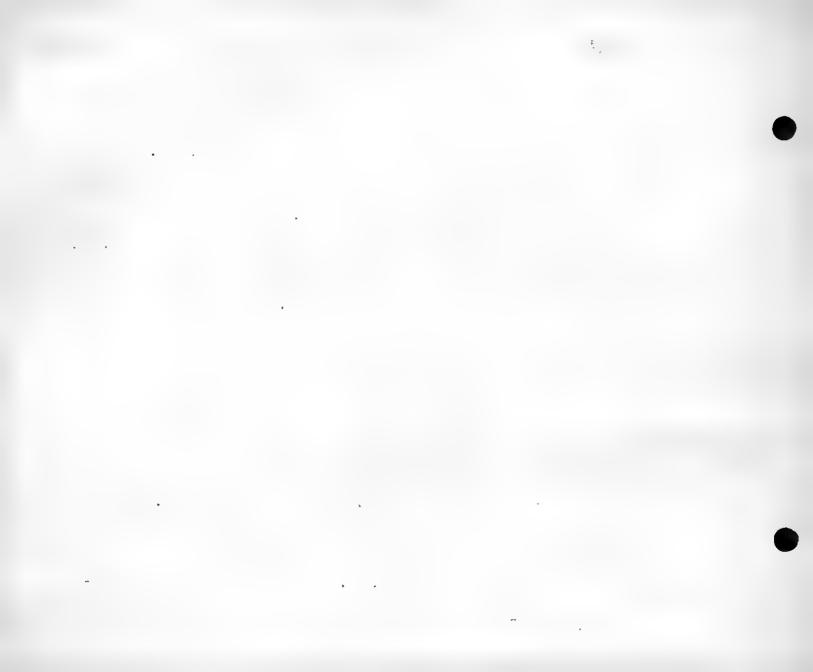


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11807 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, functional Residence before admission) o. COUNTY District of Columbia p. STATE and 3 to M3. Page Prince George MARY, AND Department b CITY OR TOWN (.f autside corporate limits, write RURAL and give neorest tawn) r LENGTH OF STAY IN 1b c CITY OR TOWN (If autside corporate limits, write RURAL and give pearest town) Washington Cheverly DOA

d NAME OF HOSP TAL OR INSTITUT ON (if not in hospita; give street address) d STREET ADDRESS 8 IS RESIDENCE ON A FARM? farm durs (1600 31st St., S.E. Item 18. Give Pages Office alang with far ote YES NO TO Prince George General Hospital 3 NAME OF Lost 4 DATE Dov Year with the St DECEASED Juanita B. Pules 66 19 (Type or print) DEATH S SEX 8 DATE OF BIRTH 9 AGE (In years IF JINDER 1 YEAR F UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 58 birthdoy) Months | Dovs Hours WIDOWED T 27 May, 1908 DIVORCED 10o USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 1) BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) - INDUSTRY COUNTRY? pages I Baltimore. Maryland d "pending" in pencil in Chief Medical Examiner's Housewife 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME be executed within Medora F. Heinemeyer Howard Lee Benll 15 WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dates of service 17 INFORMANT 16 SOCIAL SECURITY NO Address permit. removal, Elizabeth B. Williams Same as Item #2 INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per ne for (a), (b) and (c)) PART I. DEATH WAS CAUSED BY ONSET AND DEATH used as a burial-trans bunal, crematian, ar Bilateral hemothorax IMMEDIATE CAUSE (o) This certificate shauld e, writing the ward farwarded to the Cl RUKTO and Conditions, if ony, which gove Cardiac tamponade (b) nse to immediate couse (a), DUF TO stating the underlying couse Minutes Bullet wounds of chest WAS AUTOPSY PERFORMED? PART II OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES 😿 NO 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of more on Port Lor Part Lof Item 18) PRIMARY For CONTRIBUTING CAUSE OF DEATH Shot by assailant 20d INJURY OCCURRED 20c TIME OF INJURY Month, Day Year 20e PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote) 3:50p pm 8 12 19 66 While at work of wark St. Barnabas Rd. Gift Shop may be retained for your FUNERAL DIRECTOR: Page Md. TO FUNERAL DIRECTORY
Health or its designated or 21. 1 certify that I taak charge of the remains described above, held on Autopsy (S), Inspection (S), Inquiry (S), and in my opinion death resulted from Natural souses 1. Accident 7 Suicide | Hamicide | Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL FXAMINER SIGNATURE TO DEPUTY 8-14-66 REPUTY MEDICAL EXAMINER Address (Street, city, town, or county) John Kehoe, M.D., **EXAMINER'S** Riverdale, NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 7236. DATE THEREOF 23d. LOCATION (City or Town) 230 BURIAL, CREMATION (County) (Stote) Cremetion Aug. 15-1966 Cedar Hill Crematory Suitland, Maryland AUG 16 196 REGISTRAR'S SIG 24 FUNERAL DIRECTOR Simmons Bros. -1661-Good Hope Rd SE Wash DC ADDRESS VR ATSME (5) 6M 1766



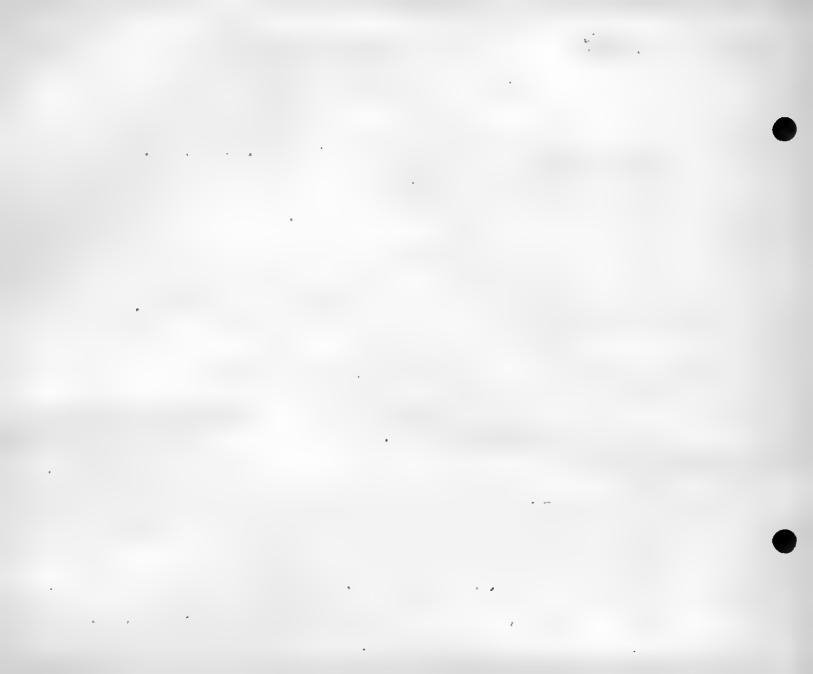
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DUTT 1. PLACE OF DEATH USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY death. b CITY OR TOWN (If outside carparate lim is write RURAL and give nearest town) MARYLAND Prince George's Marvland Department C LENGTH OF STAY IN 16 c CITY OR TOWN (f autside carporate mits write RURA, and give nearest town) 2, on PM3. P Cheverly DOA
d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Hillcrest Heights d STREET ADDRESS e IS RESIDENCE 18. Give Pages 1, alang with farm haurs ON A FARM? 3334 Curtis Drive, Apt. NO X Prince George General Hospital haurs after death 3 NAME OF Lost 4 DATE Year Doy DECEASED (Type or print) Dale DEATH Stephen Rammer 9. AGE (In years S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH JE LINDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Dovs Hours DIVORCED WIDOWED Male White 10o. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 1) BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY School Maryland any d "pending" in penal in Chief Medical Examiner's pencil 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME This certificate should be executed within <u>_</u> Stephen Joseph Rammer Dorothy M. Lefebyre gud IS WAS DECEASED EVER IN U.S. ARMED FORCES? To SOC AL SECURITY NO 17 INFORMANT Address Camp Springs Md or remayal, (Yes, no, or unknown). (If yes give war or dates of service) 5412 Keppler Road Stephen J. Rammer 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN burial-transit ONSET AND DEATH Minutes PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (6) Hemorrhage and shock DUE TO From laceration of neck cremation. Conditions, if any, which gave rise to immediate couse (a), DUE TO stoting the underlying couse burial, PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY PERFORMED? NO Sc the certificate, 20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCHRRED (fater nature of injury in Part II of item 18) PRIMARY or CONTRIBUTING ploods CAUSE OF DEATH Passenger in right front seat of car which ran off road 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) Not White foctory, street, office bldg, etc.) may be retained for your FUNERAL DIRECTOR: Page 495. 1 mile north of St. Rt.4 of work ot work 1.LOam P.M designoted 21. I certify that I took charge of the remains described above, held an Autapsy Inspection ke, Inquiry x, and in my opinion the funeral directar. death resulted from. Natural rauses Aceldent DC. Hamicide ... Suicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER Health or its SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER TO **EXAMINER'S** John Kehoe, M.D. Riverdale, Md. Address (Street, city, town, or county) NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, 23b. DATE THEREOF 23d LOCATION (City or Town) (County) (Stote) 40.0 Burial (Specify) 8-11-56 Arlington National Arlington Virginia 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS Wilhelm Funeral Home 4308 Suitland Rd Suitland DATE liarles 1966 VR A15ME (5) 6M 1/66



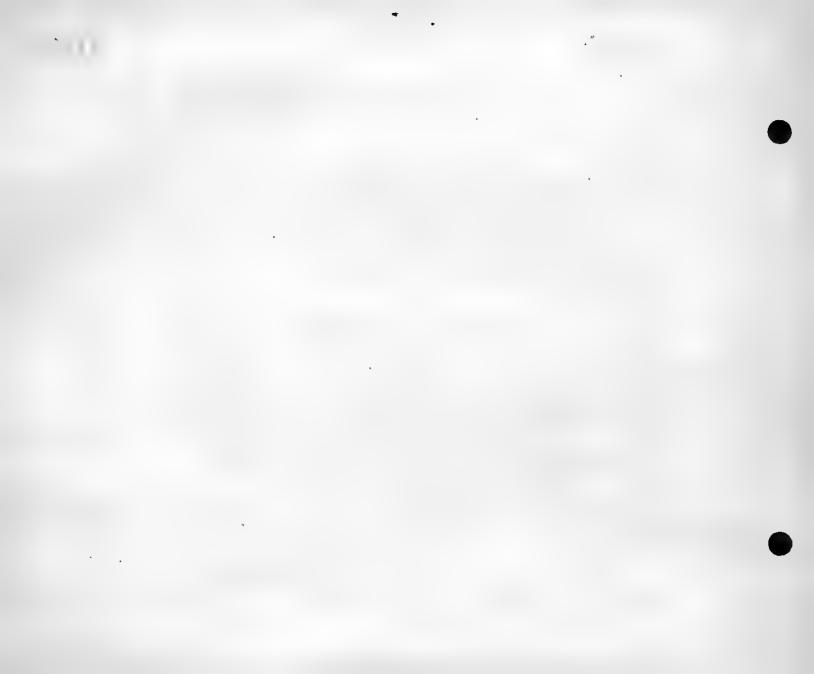
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 after death. deat PLACE OF GEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY Pages I Prince Georges b. COUNTY Pr.Geo! the MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) filled in by t papers. Page hin 72 hours a hours Life Cheltenham Cheltenham d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? within 0. Box 66 O. Box 66 NO A etely within carbon NAME DE First Middle Last DATE 4. Month Day Year DECEASED OF event, comple (Type or print) Virgini. Rawlings DEATH August 20. 19 be executed 6. COLOR OR RACE and cor DATE OF BIRTH 7. MARRIED [9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS NEVER MARRIED last birthday) Months I Days Hours Nev. 7. Female White 1893 WIDOWED T DIVORCED F 1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRT HPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT attending physician rmit. Then please and COUNTRY? Own Home Housewife U. S. Maryland certificate removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Simpson Colbert Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? transit permit. 16. SOCIAL SECURITY NO. 17. INFORMANT 188% 4049, Upper death No (1f yes give war or dates of service) Mrs. Marion W. Payne-Marlberg. 21<u>1</u>1 → 36 – 275 CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH al-transi PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) signed burial-tu burial, DUE TO Conditions, If any, which been gave rise to Immediate DUE TO cause (a), stating the underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? use certificate NO PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING IT 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) detached f te Dept. of DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) factory, street, office bldg., etc.) بە Hour a.m. While Not While ATTENDING at work at work 703 21. I certify that (I) (this hospital) attended the deceased from 196 6 19 60. to. 8-00 DIRECTOR: age 3 should iled with the saw the deceased alive on 20 1966 and that death occurred at 2.32°M, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED page ATTENDING Aug.20,1966 M.D. PHYS. DIRECTOR PHYS. HOSPITAL FUNERAL firector, p. Dobson PHYSICIAN'S 22d. ADDRESS D. chard M. should BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 5 2 REMOYAL (Specify) Tayman Family Private Cheltenham REGISTRAR 25b. REGISTRAR'S SIGNATURE mchel tenhame MC REC'D BY 24. FUNERAL DIRECTOR Bros. Upper Marlboro, Md. 1866 VR A15 (4) DATE 1/65

Ι. · . , C . E

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1181011814 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before odmission) o. COUNTY Prince George's o STATE state Department or hours after death. Maryland Prince George's MARYLAND b CITY OR TOWN I f outside corparate im ts c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 1b write RURAL and give nearest town) Hyattsville DOA Cheverly d NAME OF HOSPITA, OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Prince George General Hospital 3111 75th. Avenue. Apt. 201 YES NO TO This certificate should be executed within 24 hours after death 3 NAME OF DECEASED (Type or print) Reed DEATH Grace S SEX 6 COLOR OR RACE 7 MARRIED 8 DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR NEVER MARRIED last birthdoy) Months Haurs WIDOWED DIVOR CED 22 Dec. 1962 Female 100 USUAL OCCUPATION (Give kind of work done 10b K ND OF BUSINESS OR 11 BIRTHPLACE (Stote or foreign country) 12 GT ZEN OF WHAT during most of working life, even if retired) INDUSTRY Washington D C pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Wm B Breen Linda Herzig please execute the certificate, writing the ward "pending" in pen I director. Page 4 should be farwarded to the Chief Medical Exam, E and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address or removal. (Yes, no, or unknown). (If yes give wor or dotes of service Wm B Breen Landover, Md. 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN used os a burial-transit burial, cremation, or re INSET AND DEATH PART | DEATH WAS CAUSED BY-IMMEDIATE CAUSE (6) Asphyxia DUE TO 7150 Canditians, if ony, which gove (b) From external compression of airway rise to immediate cause (a), **DUE TO** stoting the underlying couse 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) be to Cerebral palsy since birth. YES X NO 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18) 20o. EXTERNAL CAUSE WAS PRIMARY CONTRIBUTING CAUSE OF DEATH Neck squeezed between back and side of plastic frame. 20d IN.JRY OCCURRED 20e PLACE OF INJURY (Hame, farm, 20f (Crty as tawn) (Caunty) and the OF INJURY Month, Doy Year 8-3- 19 66 of work at work G factory, street affice b da etc.) moy be retoined for your FUNERAL DIRECTOR: Poge 1.0:15 mp m Same as #2 21. I certify that I taak charge of the remains described above, held an Autopsy & Inspection X. Inquiry X. and in my opinian Notural causes death resulted fram Accident x Suicide . Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 😾 EXAMINER'S John Kehoe, M.D. Riverdale, Md. 5 may 100 FUNER Health o Address (Street city, town, or county) 230. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) BuffMal (Specify) Ft Lincoln Cemetery Colmar Manor, Md. Pro Geo Aug 5, 1966 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR ADDRESS 2Sa REC D BY REGISTRAR DATE AUG VR A15ME (5) F. Gasch's Sons Hyattsville, Md. 1966 6M 1/68



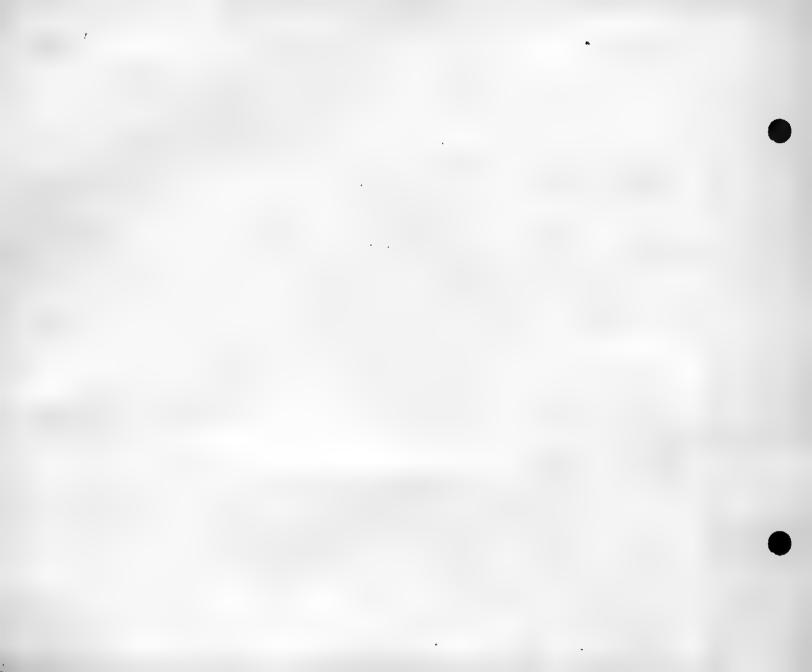
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11815 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death death o. (OUNTY) 2 USUAL RESIDENCE, [Where deceosed lived, if institution, Residence before admission o. STATE P CORNIA MARYLAND the LENGTH OF STAY IN 16 b CITY OR TOWN (If outside corporate mits, c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write MURAL and givennearest town) .⊑ d. NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? NAME (O) Lost DÁTE/ completely Month Doy Year DECEASED and in any event, (Type or print) 1966 DEATH S SEX 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS remova iost birthdoy) Months Doys Hours WIDOWED DIVDRCED oug 10g JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CIT ZEN OF WHAT physician (nen please during most of work 19 hie, even fretired) UNDUSTRY COUNTRY Kitred Elictrician ment ment 13. FATHER'S NAME MOTHER'S MAIDEN NAME burial, crematian, ar remayal, WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. 17 INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service WW 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH signed by the PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Page 4 may be retained by the haspital or attending physician. DUE TO Conditions, if any, which gove rise to immediate couse (a), DUE TO has been s se as the b th priar tab stoting the underlying couse last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) rysema After this certificate YES 🗔 NO Se 20o. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Hour a.m. Not While foctory, street, office bldg., etc.) ot work 21. I certify that (1) (this haspital) attended the deceased from 30 19 60 to 1966, that (I) (we) las 19 6 6 and that death geturned at M. fram causes and an the date stated above O FUNERAL DIRECTOR: sow the deceased olive on_ 22o. SIGNATURE 22b DATESIGNED **ATTENDING** director, page 3 shauld be filed v M.D. PHYS DIRECTOR PHYS 22d ADDRESS 22c PHYSICIAN'S NAME (Type) 23o. BURIAL CREMATION 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATOR AOCATION (City or Town) (County). (Sfote) REMOVAL (Specify) imeler out 24 FUNERAL DIRECTOR REC D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE **ADDRESS** VR A15 (4) 20 M 1/66 1966



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death. requires that the death certificate be executed within 24 hours after death puo USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) ond completely filled in by the funeral remove carbon papers. Pages 1 and PLACE OF DEATH o. COUNTY b. COUNTY Prince Georges Pr. Geo's. MARYLAND ve carbon papers. Pages 1 event, within 72 hours after b. CITY OR TOWN (f outside corporate limits, write RURAL and give nearest town) c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 Ritchie Forestville 2 Mos-12 days d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARMS 6701 Ritchie Rd. Regent Nursing Home YES [NO X 3 NAME OF Middle DATE Month Year DECEASED OF DEATH 8-1-66 appington (Type or print) 19 S SEX AGE (In years F UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED lost birthdov) Months Dovs Hours WIDOWED T Aug.6. 1886 DIVORCED Male White 10b. KIND OF BUSINESS OR 10o USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT during most of working ite, even if retired Gen INDUSTRY DWO ysician c U. S. A. Maryland Merchandiae Storek apar Business 14 MOTHER'S MAIDEN NAME 13 FATHERS NAME John Suit Ritchie Georgianna Sweeney (Yes, no, or unknown) (If yes give wor or dates of service WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO Address me as Item Kathleen signed by the attenda Ritchie Nicholson-#2. cremation. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c)) INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate couse (a), DUE TO stating the underlying couse os the hos been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY PERFORMED? NO O FUNERAL DIRECTOR: After this certificote ٥ 200 ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) 20c. TIME OF INJURY Month, Doy Year (County) Not While Hour o.m. foctory, street, office bldg., etc.) ot work 21. I certify that (1) (this hospital) attended the deceased from 5-2019.66 to 8-1 19.66, that (I) (we) last be retoined 1966, and that death occurred at 14% M, from causes and on the date stated above. saw the deceased alive an. 7-29-22o. SIGNATURE 22b DATE SIGNED ATTENDING director, page 3 should be filed v DIRECTOR M.D. PHYS. PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 7200 MAR 23b DATE THEREOI 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL CREMATION (County) (Stote) Burial 8/山/66 Forestville Epiphany Cemetery Maryland 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Ritchie Bros. Upper Marlboro. Md. DATE AUG 1966

F , J. · . . .

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11813 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours ofter death by the funeral Pages 1 and 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH a. COUNTY o. STATE INGE GEORGE MARYLAND ¿ LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) autside comarate limits Write-RURAL and give nearest town) FORESTVINAG e IS RESIDENCE ON A FARM? d. STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 3304 WINTERGREEN WINTER GREEN AVE 3. NAME OF Middle Last DECEASED OF DEATH UG 19 6 OB (Type or print) S SEX 6 COLOR OR RACE NEVER MARRIED AGE (n years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED lost birthday) WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT COUNTRY SA physician clear please during most of working life, even if retired BRMONT warehouse 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME BINSON MORRISON 16 SOCIAL SECURITY NO. 17. INFORMAN (Yes, no, ar unknown) (If yes give war ar dates of service) MILOR 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH fransit PART I. DEATH WAS CAUSED BY signed by buriol frans IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying couse os the prior to TO FUNERAL DIRECTOR: After this certificate has been last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (Vo) YES T NO ģ 200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) 20e. PLACE OF INJURY (Home, form, (County) (State) 20c, TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED factory, street, affice bldg., etc.) Not While at wark 19 67 to of Aug 1966, that (1) (we) last Lung 19 6 6, and that death accurred at 11 M, from couses and on the date stated above. saw the deceased alive on, 22b DATE SIGNED 22a SIGNATURE MED. DIRECTOR director, page 3 should be filed v M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) (County) (State) 230 BURIAL, CREMATION REMOVAL (Specify) 2Sb. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR



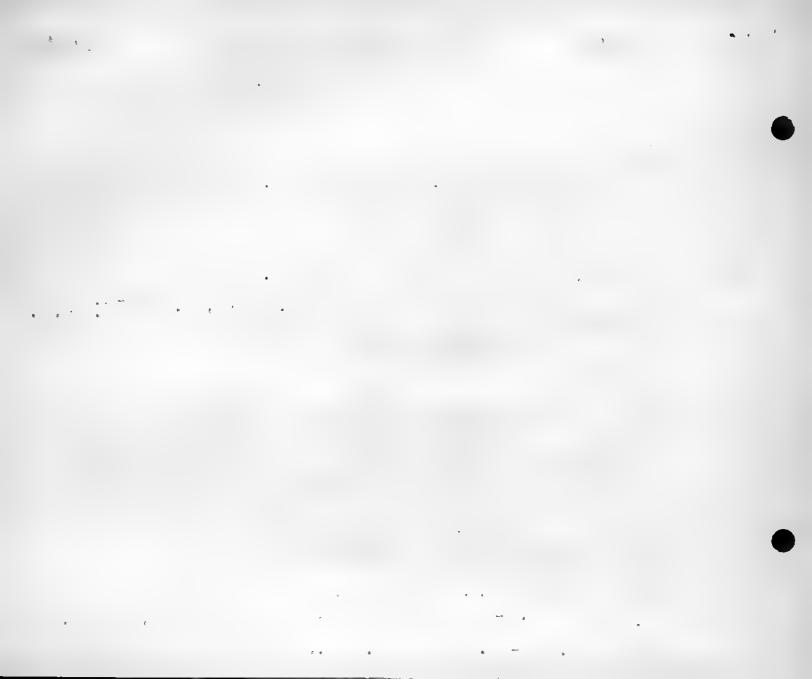
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11814 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) filled in by the funeral papers. Pages I and a. COUNTY a. STATE b. COUNTY remave carban papers. Pages 1 in any event, within 72 hours after MARYLAND c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If guiside corparate mits, write RURAL and give nearest town) & NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS ON A FARM? □ NO V YES 3 NAME OF 4. DATE Middle Last Day Year campletely DECEASED OF DEATH Cecelia Roche August 30 1966 (Type or print) S SEX AGE (In years F UNDER YEAR IF UNDER 24 HRS DATE OF BIRTH 6. COLOR OR RACE NEVER MARRIED last birthday) Days Haurs 1. 1892 WIDOWED DIVORCED 10a US JAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY SOUNTRY? WAShingrow THEMSVKY 13. FATHER'S NAME MOTHER'S MAIDEN NAME bunal, crematian, ar rema AMES Huntingtown, Maryland 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, na, ar unknawn) (If yes give war or dates at service) dward 220-44-0587 INTERVAL BEDWEEN ONSEL AND SEATH B. CAUSE OF DEATH (Enter only one cause per the for (a), (b), and (c).)
PART I DEATH WAS CAUSED BY signed by the burial-transit p IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause Page 4 may be retained by the hospital ar attending FUNERAL DIRECTOR: After this certificate has been detached for use as the ie Dept. of Health prior ta last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT_NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 209. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 200 ACCIDENT WAS JNDERLYING [OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) director, page 3 should be detache should be filed with the State Dept. (City or town) 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While 19 at wark at work 19 65 that (1) (we) last 2]. 1 certify that (1) (this haspital) attended the despased from. M, from couses and on the date stoted obove. 1966, and that death occurred saw the deceased alive on 22a. SIGNATURE 226_DATESIGNED ATTENDING M.D. PHYS. DIRECTOR 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) William D. Ande. 9006 Colesville. Rd. 23d LOCATION (City or Town) 230. BURIAL, CREMATION, 23c NAME OF CEMETERY OR CREMATORY (State) REMOVAL(Specify) Washington. D. Olivet Rook Cemetery 0 25b REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66



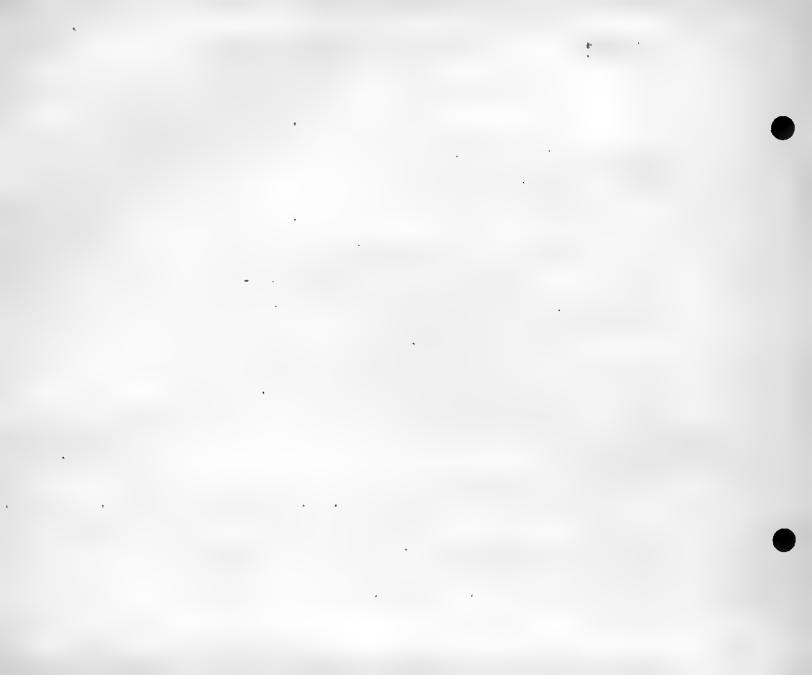
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11815MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY Prince George o. STATE Prince George ofter death. MARYLAND b. CITY OR TOWN (1 outside corporate limits LENGTH OF STAY IN 16 c (ITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) ond write RURA, and give nearest town)
Cheverly Marlowe Heights DOA d NAME OF HOSPITAL OR INSTITUTION (if not in hospitol, give street address) d. STREET ADDRESS with the State Dep within 72 hours o Prince George General Hospital 6320 Dallas Place in Item 18. Give Poges YES NO IX 3 NAME OF Fist 4 DATE Inst Dov Year DECEASED 0F Maggie 66 May Rogers (Type or print) DEATH IF UNDER 24 HRS S SEX 8 DATE OF BRIH AGE (In years 6 COLOR OR RACE 7. MARRIED TE NEVER MARRIED ast bathday) Months White 20 May 1884 WIDOWED DIVORCED 11 BIRTHPLACE (State or foreign country) 100 USUAL OCCUPATION (Give kind of work done 0b. KIND OF BUSINESS OR 12 CT ZEN OF WHAT during most of working life, even if retired) MOUSEwife Alexandria, Virginia 14 MOTHER'S MAIDEN NAME pencil 13 FATHER S NAME This certificate should be executed within William Henry Scott Lucretia Lowry WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 7 INFORMANT Arthress (Yes, no, or unknown) (If yes give wor or dates of service) removol. Mrs. Elizabeth R. Austin 230 03 7461 same as (2) INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per ne for (o), (b) and (c)) PART DEATH WAS CAUSED BY Heart failure ö IMMEDIATE CAUSE (a) writing the word used os a burial-tra burial, cremation, 4200 DUE TO Conditions, if any, which gave Arteriosclerotic heart disease (b) use to immediate couse (a), DUE TO stating the underlying couse lest nsed 19 WAS AUTOPSY PERFORMED? PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO Ex ogent, prior to 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18) PRIMARY OF CONTRIBUTING CAUSE OF DEATH 20c TIME OF INJURY Month, Day, Year 20rd INBURY OCC., PRED. 20e PLACE OF NJURY (Home form. (City or town) (County) (State) Hour om loctory, street, office bldg., etc.) FUNERAL DIRECTOR: Poge of work 2). I certify that I took charge of the remains described above held on Autopsy Inquiry 3t Inspection X. and in my opinion death resulted from: Notural Auses . Acadent . Suicide [Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE 22. DATE SIGNED TO DEPUTY Riverdale. 8-28-66 **EXAMINER'S** John Kehoe / M. Address (Street, city, town, or county) FUNE Health NAME (Type) 23b DATE THEREOF 23d LOCATION (City or Town) 23o. BURIAL, CREMATA (County) REMOVAL (Species)
Burial Bethel Cemetery Alexandria. Virginia 31 Aug. 66 -25e REC D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15ME (5) 1966 6M 1/66



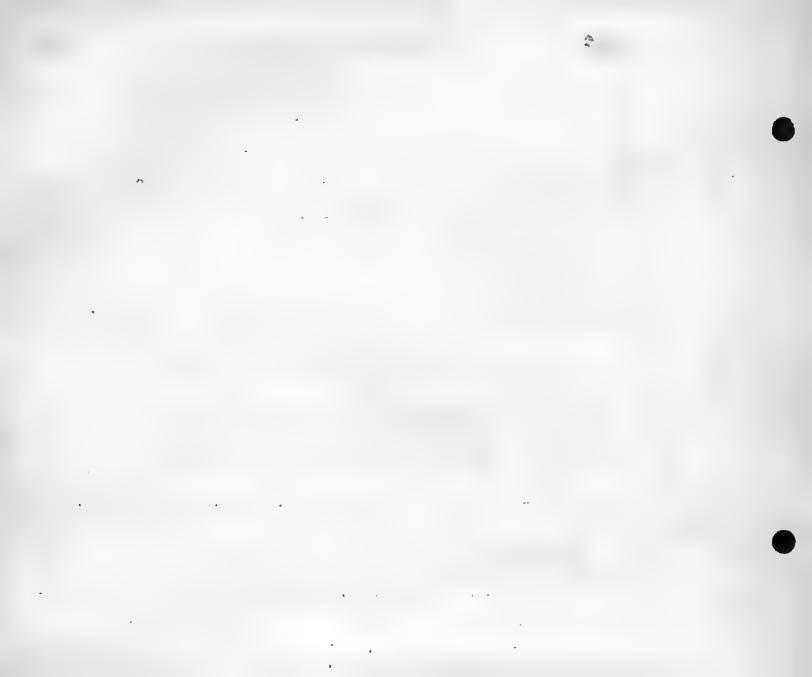
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived if institution. Residence be ore admission) a COUNTY a STATE b. COUNTY Prince George's MARYLAND Marvland Prince George's b CTY OR TOWN (If outside carporate limits, C LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside carparate limits, write RURAL and give nearest town) write RURAL and give nearest town) offer Cheverly 13 days Oxon Hill d NAME OF HOSPITAL OR INSTITUT ON (if not in hospital, give street address) d STREET ADDRESS B IS RESIDENCE ON A FARM? Office alang with farm State 22 Found in Item 18. Give Pages Prince George General Hospital YES NO X 6510 Circle Drive 3 NAME OF Frst Middle 4 DATE Doy Year DECEASED (Type or print) Charles w.†hin≻ Sasscer, Sr. DEATH S SEX 6 COLOR OR RACE 8 DATE OF BIRTH 9 AGE (n years FUNDER 1 YEAR 7 MARRIED NEVER MARRIED IF UNDER 24 HRS last birthday) Months Davs Hours WIDOWED DIVORCED White Male 12-27-1892 IDO USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) 11 BIRTHPLACE (State ar lareign country) 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT INDUSTRY COUNTRY? pages 1 Maryland Painter Retired 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles C. Sasscer Nellie E. Thompson IS WAS DECEASED EVER NUS ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address 110- S. Court This certificate shauld be executed (Yes, na, or unknown) (If yes give war ar dates of service) remayal. Charles S. Sasscer. Jr. House Rd 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) **burial-transit** ONSEL AND DEATH PART I DEATH WAS CAUSED BY-IMMEDIATE (ALSE (a) Congestive heart failure used as a burial-tra i burial, crematian, a e, writing the word farwarded to the Ch DUE TO From cardiac arrest while under surgical anesthesia Conditions, if any, which gave (b) From myocardial infarction 6 days rise ta immediate cause (a), DUE TO From coronary arteriosclerotic heart disease stating the underlying couse unknown (d) And Adenocarcinoma of rectum ınknown PART II OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES 🔀 NO 2Do EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18) 3 shauld PRIMARY OF CONTRIBUTING KAL EXAMINER: CAUSE OF DEATH 2Dc. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) lactary, street, affice bldg, etc.) FUNERAL DIRECTOR: Page at wark 21. I certify that I tack charge of the remains described above, held an Autapsy Inspection , Inquiry & and in my apinion Notura buses 🔀 Micident 🔲 Suicide 🔲 Homicide death resulted from Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE the funeral TO DEPUTY Б DEPUTY MEDICAL EXAMINER **EXAMINER'S** TO FUNE Health NAME (Type) Address (Street, city, town, or county) Riverdale, Md. Kehoe, M.D. 23b DATE THEREOF BURIAL, CREMATION. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) REMOVAL (Specify)
Buriel Aug. 19-1966 Epiphany Cemetery Forestville, Maryland. 1661- Gd. Hope Road SE. Wash., DC AUG I 9 1966 24. FUNERAL DIRECTOR VR A15ME (5) 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. I PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institution Residence before admission) o. COUNTY o. STATE Prince George's MARYLAND Maryland Prince George's b CTY OR TOWN (If outside corporate mits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate firm ts, write RURA, and give nearest town) write RURAL and give nearest town) Cheverly Mt. Rainier DOA d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) n STREET ADDRESS e IS RESIDENCE ON A FARM? hote Deg Prince George General Hospital YES NO TO 3139 Queens Chapel Road 3 NAME OF Midd e 4 DATE DECEASED (Type or print) George DEATH S SEX 6 COLOR OR RACE 7 MARRIED 8 DATE OF BRITH 9 AGE (In years NEVER MARRIED lost birthday) Hours WIDOWED DIVORCED White Male 10o USUA, OCCUPAT ON (Give kind of work done 10b KIND OF BUSINESS OR 1). BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working Life 13. FATHER S NAME executed within Denc 17 INFORMANT remayol. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-transit PART I, DEATH WAS CAUSED BY onset and death minutes IMMEDIATE CAUSE (6) Left hemothorax This certificate should the certificate, writing the word used as a burial-tra burial, cremation, DUE TO And laceration of heart minutes Conditions, if any, which gove (b) From multiple fractures of ribs and sternum minutes 4 should be forwarded to rise to immediate couse (a), From trauma - auto accident. stoting the underlying couse PART | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPS PERFORMED? YES X 200 EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port , or Port II of item 18.) embankment. CAUSE OF DEATH. Driver of car which went out of control and over an 20c T.ME OF INJURY Month, Doy, Year 20d IN JRY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) Hour am. foctory, street, office bldg , etc.) 11:45ppm 8-23- 1966 of work of work 30th. St. & Queens Chapel Rd., Mt. Rainier, Md. 21. 1 certify that I taak charge of the remains described above, neld an Autopsy Inspection x Inquiry x deoth resulted from: Natural aduses Hamicide Accident Suicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER CX **EXAMINER'S** Address (Street, city, town, or county) Kehoe Riverdale, Md John 23d LOCATION (City or Town) (County) 24 FUNERAL DIRECTOR 250. REC D BY REGISTRAR 25b. REG STRAR'S SIGNATURE VR A15ME (5) ERS CO, SILVER 1966 6M 1/66

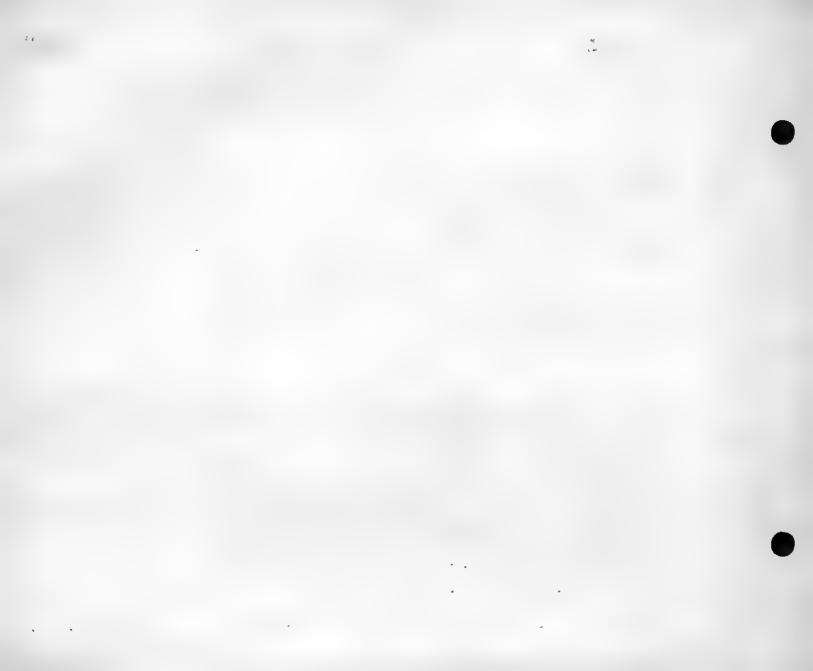


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11818 11823 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY a. STATE **b.** COUNTY delay is and 3 ta M3. Page Prince George's MARYLAND Prince George's b CITY OR TOWN (If autside corporate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) 2, and PM3. P write RURAL and give nearest tawn) Cheverly 6 days
d NAME OF HOSPITAL OR INSTITUTION (II not in haspital, give street address) Forestville 500 d STREET ADDRESS S RESIDENCE farm te De ON A FARM? Item 18. Give Pages Prince George General Hospital 6677 Ritchie Road Spur YES NO 30 hours after death 3. NAME OF Last 4. DATE Manth Day Year DECEASED ===== (Type or print) DEATH Pau 1 Schwartz George Office alang S SEX IF UNDER 1 YEAR 6 COLOR OR RACE 8. DATE OF 8 RTH AGE (In years IF UNDER 24 HRS 7 MARR ED NEVER MARR ED last birthday) Months Days Hours WIDOWED DIVORCED and 2 Male White 5-27-19/19 Og. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or Tareian country) 12 CITIZEN OF WHAT during most of working life, even if retired)
Student INDUSTRY COUNTRY? pages 1 New York e, writing the ward "pending" in pencil in farwarded to the Chief Medical Examiner's 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME This certificate shauld be executed with.n Michael Schwartz Virginia Burgess File IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO permit. (Yes, na, ar unknown) (If yes give war ar dates of service ar removal, Michael Schwartz 6677 Ritchie Rd. Spur No 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN burial-transit PART I DEATH WAS CAUSED BY ONSET AND DEATH .MMEDIATE CAUSE (a) Bilateral bronchopneumonia s a burial-tra crematian, c From immobilization from multiple fractures Canditions, if any, which gave (b) From trauma auto accident 6 days rise ta immediate cause (a), DUE TO stating the underlying cause used as burial, c last. PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES EXT NO agent, priar to 20a. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature at miury in Part I at Part 11 af item 181) 3 should PRIMARY Be or CONTRIBUTING ☐ CAUSE OF DEATH TO DEPUTY MEDICAL EXAMINER: Driver of car which ran off road and hit a tree, MED; CAL 20c TIME OF INJURY Manth, Day, Year 20e PLACE OF INJURY (home form (City or town) Haur a m 8-15- 9 66 While at work at work factory, street, affice bida, etc.) FUNERAL DIRECTOR: Page 園 Central Ave. 500ft.east of Largo Rd designated 21. I certify that I took charge of the remains described above, neld an Autopsy Inspection x, Inquiry x, and in my opinion Matural causes . A Accident XI. Suicide . death resulted fram: Hamicide [Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE pe DEPUTY MEDICAL EXAMINER TO **EXAMINER'S** 5 may ro FUNE Health NAME (Type) Address (Street, city, town, or county) Kehoe M.D. Riverdale Md. 8-22-66 the 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) BURIAL, CREMA (County) 8/24/66 Arlington National Arlington Va. 24 FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE 25g. REC D BY REGISTRAR Charles VR A15ME (5) Wilhelm Funeral Home 4308 Suitland Rd. Suitland 6M 1/66

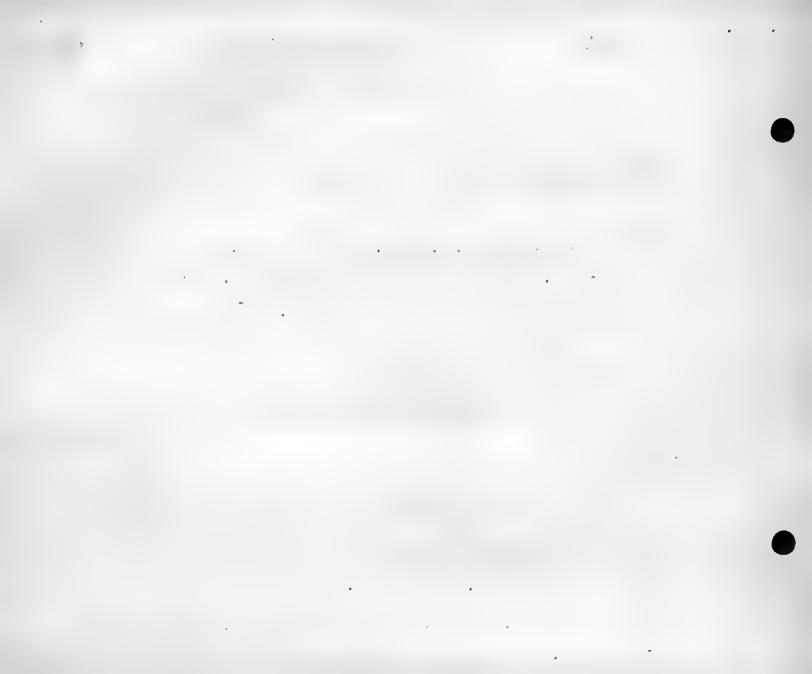


MARYLAND STATE DÉPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11819CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. signed by the attending physician and campletely filled in by the funeral burial-transit permit. Then please remove catban papers. Pages 1. and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o STATE COUNTY MARYLAND 2019 10 U c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest 1 wn) b. CITY OR TOWN (If autside corporate imits c LENGTH OF STAY IN 16 write-RURAL and give_nearest town? e IS RESIDENCE d NAME OF HOSPITA. OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS YES TE M NAME O DATE Month Doy Year DECEASED event (Type or print) DEATH 19 07 SEX IF UNDER 1 YEAR 6 COLOR OR RACE DATE OF BIRTH AGE (In years IF JNDFR 24 HRS 7 MARRIED NEVER MARRIED Plost b rindoy) Months Dovs Hours DIVORCED WIDOWED 10b KIND OF BUSINESS OR 100 USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State or foreign country) 12. CIT ZEN OF WHAT and in COUNTRY? during most of working life, even if retired) INDUSTRY E-CT/DIA/MOTHER'S MAIDEN NAM or remova WAS DECEASED EVER IN L.S. ARMED FOR CES? 17. INFORMAN (Yes, no, or upknown) if If yes give wor or dotes of service burial, cremation, 18. CAUSE OF DEATH (Enter only one couse per line INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY DINSEL AND DEAT IMMEDIATE CAUSE (o) endelerman **DUE TO** Conditions, if ony, which gove rise to immediate cause (a). **DUE TO** stoting the underlying couse priar tal attending has been lost. PART II, OTHER SIGNMENANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPSY PERFORMED? NO F Page 4 may be retained by the haspital ar this certificate þ 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER State Dept. 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m factory street, office bldg , etc.) While Not White After 1 of work of work and 15-19 64 that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased fram. 1966 to director, page 3 should should be filed with the 1966, and that death accurred at 3 a.M. fram causes and an the date stated above. O FUNERAL DIRECTOR: saw the deceased alive an 22o. SIGNATURE 22b. DATE SIGNED **ATTENDING** M.D. PHYS DIRECTOR PHYS 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) **BURIAL, CREMATION** 23b DATE THEREOJ NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) 23d (County) (Stote REMOVAL (Specify)/ FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REDISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11820 CERTIFICATE 11824 OF DEATH requires that the death certificate be executed within 24 haurs after death. the attending physican and cample by filled in by the funeral sit permit. Then please retnave torban papers. Pages I and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY sb. COUNTY INCE MARYLAND c. LENGTH OF STAY IN 116 b City OR TOWN (If autside carparate limits, c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RURAL and give negrest tawn) 6 me d. NAME OF HOSPITAL OR INSTITUTION (If ngt in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO D NAME OF First 4. DATE Lost Month Dov Year DECEASED RANC15 1mmons (Type or print) DEATH UGUST 1966 and in any event IF UNDER 1 YEAR S SEX 6. COLOR OR RACE B. DATE OF BIRTH AGE (n years IF UNDER 24 HRS. 7 MARRIED NEVER MARRIED last birthday) Davs WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? WASh -ARCHITECT
13 FATHERS NAME 14. MOTHER'S MAIDEN NAME WILLIAM ATHERINC IMMONS 16 SOCIAL SECURITY NO 17. INFORMANT MACOALENC B CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY. INTERVAL BETWEEN burial-transit ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate cause (a), DUE TO as the stoting the underlying couse Page 4 may be retained by the haspital ar attending mrtifi∎ate has been last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? ad for use af Health Terrosclerosia NO YES 🗌 200 ACC DENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of Item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, (City or town) (County) (Store) TO FUNERAL DIRECTOR: After this factory, street, affice bldg, etc.) at wark 21. I certify that (1) (this haspital) attended the deceased from March 1, 19 65 to Lugust 23, 1966, that (1) (we) last saw the deceased alive an Clinquist 6 19 66, and that death accurred at 12,36M, from causes and an the date stated above. 22a, SIGNATURE 22b. DATE SIGNED M directar, page 3 shauld be filed v DIRECTOR 22d. ADDRESS 22ć. PHYSICIAN S NAME (Type) Schaefer 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Lincoln Cemetery Prince 25a. REC'D BY REGISTRAR **ADDRESS** VR A15 (4) 20 M 1/66-C



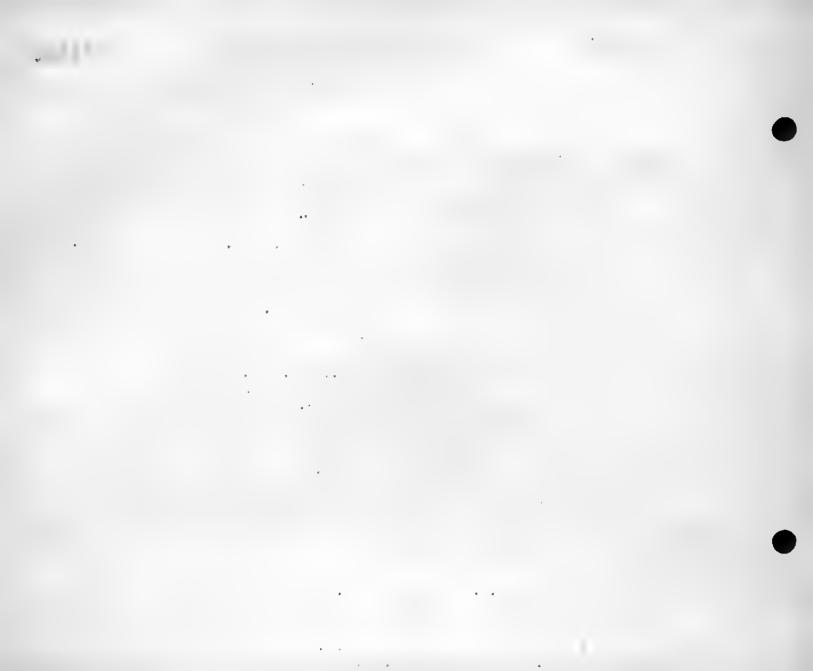
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BARTIMORE, MARYLAND 21201 11825 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPTH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) ny delay is 2, ond 3 to PM3. Poge o. COUNTY o, STATE b. COUNTY 2/2 Prince George's Prince George's MARYLAND Marvland Deportment ofter dea b CTY OR TOWN (If outside corporate am ts, write RURAL and give nearest town) C LENGTH OF STAY N IN c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) DOA Camp Springs Clinton d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE hours ON A FARM? in Item 18. Give Pages Southern Maryland Medical Center 6138 Webster Lane YES NO X ofter death Office along with 3. NAME OF with the Sto within 72 h Middle First 4. DATE Lost Month Dov Year DECEASED OF (Type or print) Edith Olivia Slater DEATH 19 66 S SEX AGE (In years 6 COLOR OR RACE B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED lost birthdoy) Months Doys Hours WIDOWED D VORCED 24 hours event White Feb. 1896 Female puo 100 USUAL OCCUPATION (Give kind of work done 10b K ND OF BUSINESS OR 11 8 RTHPLACE (State or foreign country) 12 CT ZEN OF WHAT during most of working life, even if retired) . S. Gov t. COUNTRY? Ony Chief Medical Examiner's Housewife Retired Washington, USA pages in ony pencil 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME This certificate should be executed within S. Lillian C. James Kramer Ourand E pup 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address pending removol, (Yes, no, or unknown) (If yes give wor or dates of service Richard S. Slater (Son) Same as Item #2 B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) NTERVAL BETWEEN burial-tronsit PART I, DEATH WAS CAUSED BY: ONSEL AND DEATH IMMEDIATE CAUSE (o) Heart failure 5 used as a burial-tra burial, cremotion, writing the word 4.200 **DUE TO** forworded to the Conditions, if any, which gove (b) Arteriosclerotic heart disease unknown rise to immediate couse (o), **DUE TO** stating the underlying couse last PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE COND T ON GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? please execute the certificate, 0 YES NO þe should be 20a EXTERNAL CAUSE WAS age 3 should b 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) PRIMARY OF CONTRIBUTING O DEPUTY MEDICAL EXAMINER: CAUSE OF DEATH 20d INJURY OCCURRED 20c. T.ME OF INJURY Month, Doy, Year 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Not While Hour o.m. foctory, street, office bldg., etc.) FUNERAL DIRECTOR: Page of work ot work 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection 50. Inquiry x and in my opinion death resulted fram: Natural causes Accident Suicide | Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER (XX) 8-2-66 **EXAMINER'S** John Wehoe, M.D. Riverdale, Md. Heolth NAME (Type) Address (Street, city, town, or county) 23c. NAME OF CEMETERY OR CREMATORY 230 BUR AL, CREMAT ON, 23b DATE THEREOF 23d LOCATION (City or Town) (County) (Stote) 0 Aug. 1966 St. Barnabas Cemetery Oxon Hill 256 REGISTRAR'S SIGNATURE emmons Bros. 2So REC'D BY REGISTRAR "liarles VR A15ME (5) DATE AUG 1966 Bros. 1661-Good Hope Rd SE Wash DC 61mhons 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11826 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death funerol s PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY a. STATE b. COUNTY PrinceGeorges papers. Pages 1 Rún 72 hours after MARYLAND Prince Georges Marvland and completely filled in by the intermove carbon papers. Pages b CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) c CITY OR TOWN (if autside carparate limits, write RURAL and give nearest tawn) CLENGTH OF STAY IN 16 Cheverly 5 days Mt. Rainier d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) d STREET ADDRESS ON A FARM? Prince Georges General Hospital NO X 4205 28th_Street the attending physicion and completely to sit permit. Then please remove carbon NAME OF Fifst Middle Lost 4. DATE Doy Yeor DECEASED (Type or print) 0F M. 19 66 Earl DEATH Aug. . Sorenson cremotion, or removol, and in any event 7. MARRIED IF UNDER I YEAR 6. COLOR OR RACE AGE (In years IF UNDER 24 HRS **NEVER MARRIED** B. DATE OF BIRTH last birthday) Months Days Hours WIDOWED DIVORCED White 2 Dec., 1904 61 yrs 10a USUAL OCCUPAT ON (Give kind of work done 10b KIND OF BUSINESS OR 11, BIRTHPLACE (County & State, or foreign country) 12 CIT-ZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Retired Govt. Prtg. Office Towa 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Pressman Unknown Unknown WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, ar unknawn) (If yes give war ar dates of service) irs LuVona L. Sorenson (above addre PART I. DEATH WAS CAUSED BY-INTERVAL BETWEEN burial-transit IMMEDIATE CAUSE (a) Page 4 may be retained by the hospitol or ottending physicion. signed by DUE TO Conditions, if only, which gave rise to immediate cause (a). DUE TO stoting the underlying couse as the prior to b this certificate has been last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPS PERFORMED? for use director, page 3 should be detached for use should be filed with the State Dept. of Health NO 20a ACCIDENT WAS UNDERLYING 20b, DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c FIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (State) Hour am Not While factory, street, office bldg, etc.) at work at wark TO FUNERAL DIRECTOR: After 21 I certify that (I) (this haspital) attended the deceased from Sules I 1965 to 19 66, and that death accurred at 2,35AM, fram causes and an the date stated above saw the deceased alive on alive 22a. SIGNAPUR 22b DATE SIGNED M.D. DIRECTOR ADDRESS 22c. PHYSICIAN NAME (Type 23c NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) 23a BURIAL CREMATION. (County) (Stote) REMOVAL (Specify) Morse Cometary Mocse Mallew's VR A15 (4) 20 M 1/66 Inc Home



| 1 | MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 |
|--|--|
| FOR STATE | 11827 MEDICAL EXAMINER'S CERTIFICATE OF DEATH |
| delay is and 3 to and 3 to and 3 to and 3 to M3. Page then to the following the follow | Place OF DEATH o. COUNTY Prince George's MARYLAND D CTY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 2 USUAL RESIDENCE (Where deceased lived, f institution Residence Delote admiss on) o. STATE Maryland Prince George's C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) |
| any dela 1, 2, and 3 m PM3. P Departments after de | District Heights DOA Parkland d NAME OF HOSP TAL OR INSTITUT ON (If not in hospitol, give street oddress) d STREET ADDRESS e IS RESIDENCE ON A FARM? |
| after death 1f any delay is 8. Give Pages 1, 2, and 3 ta alang with farm PM3. Page with the State Department of within 72 haurs after death. | District Heights Medical Center 3 Hillside Avenue YES NO Day Year NAME OF First Middle Lost 4 DATE Month Doy Year OF |
| rs after death 18. Give Page e alang with 2 with the Sta tr within 72 h | (Type or print) Sharon Kay e Sparks DEATH 8 3 19 66 SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 3 8 DATE OF BIRTH 9 AGE (In years lost birthdoy) Nonths Doys Hours Mint Female White WIDOWED DIVORCED 9 Oct. 1960 5 yrs |
| of The Same | 100 JSUAL OCCUPAT ON (Give kind of work done during most of working life, even if retired) None 11 BIRTHPLACE (Stote or foreign country) Wash, D.C. 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME |
| wit xar be | Charles R. Sparks: Emma Clark 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [(If yes give wor or dotes of service)] Address |
| This certificate shauld be executed within 2 cate, writing the ward "pending" in pencil use forwarded to the Chief Medical Examiner be used as a bunal-transit permit. File pages to burial, crematian, ar remaval, and in an | IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Hemothorax, right DUE TO and Hemoperitoneum Conditions, if ony, which gove) (b) and Fracture of 6th, 7th, 8th, right ribs |
| s certificate e, writing the forwarded to s used as a b a burial, cren | storing the underlying couse DUE TO and Laceration of right lower lung lobe and liver ost (c) From multiple dog bites (50 penetrating wounds of skin) |
| TO DEPUTY MEDICAL EXAMINER: This of necessary, please execute the certificate, the funeral director. Page 4 should be for 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be with the file of the file o | 200 EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 201 Attacked by 3 dogs. 202 Attacked by 3 dogs. 203 Attacked by 3 dogs. 204 INJURY Month, Day, Year 205 Of INJURY Month, Day, Year 206 INJURY Month, Day, Year 207 Attacked by 3 dogs. 208 PLACE OF INJURY (Home, form foctory, street, office bldg, etc.) 209 PLACE OF INJURY (Home, form foctory, street, office bldg, etc.) 200 INJURY (Stote) 200 INJURY Month, Day, Year 201 I certify that I took charge of the remains described obove, held on Autopsy X, Inspection X, Inquiry X, and in my opini |
| O DEPUTY MEDICA necessary, please ex the funeral director. 5 may be retained f O FUNERAL DIRECTO Health ar its designo | deoth resulted from. Notural duses Accident Acci |
| 01 VR A15ME (51) 6M 1/66 | 230 BURIAL GREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY Suitland Maryland Section (Gry or Town) (County) (Stote) 24 FUNERAL DIRECTOR ADDRESS 131 11th St S.E. DATE AUG 8 1866 County 131 |



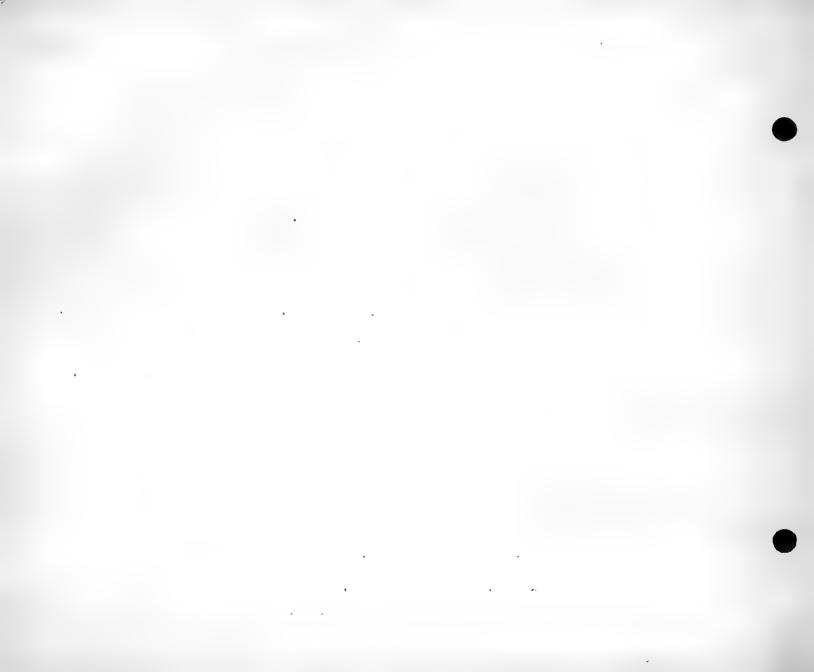
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11828 CERTIFICATE OF DEATH law requires that the death certificate be executed within 24 hours after death the attending physician and completely filled in by the funerol sit permit. Then please remove corbon papers. Pages 1 and 3 mation, or removal, and firstly event, within 72 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a COUNTY COUNTY Prince Georges MARYLAND . CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) CITY OR TOWN (f autside carparate limits, c LENGTH OF STAY IN 15 write RURAL and give nearest town) Cheverly 2 days
d NAME OF HOSPITA. OR INSTITUTION (H nat in haspital, give street address) 2 dayas Washington, D.C. e. IS RESIDENCE ON A FARM? d. STREET ADDRESS NO J. YES 🗔 Prince Georges General Hospital 3. NAME OF Middle 4. DATE Last Month Day Year DECEASED **美长葵花** Harry (Type or print) Spohn DEATH Aug. 1966 IF JNDER 1 YEAR S SEX 6 COLOR OR RACE AGE (In years B DATE OF BIRTH 7 MARRIED **NEVER MARRIED** last birthday) Days Male White WIDOWED DIVORCED 27 May., 1876 10a USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY COUNTRY? None Retired Banker Penna. USA 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO Address (Yes, na. grunknawn) (If yes give war ar dates of service) Mrs. Joyce Spohn 4907 0 St. Hill Side Md. buriol, cremation, 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c) INTERVAL BETWEEN signed by the buriol-transit p ONSET AND DEATH PART ! DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Page 4 may be retained by the hospital or oftending physician O FUNERAL DIRECTOR: After this certificate has been signed by DUE TO Mus. durding Conditions, if any, which gave rise to immediate cause (a), DUE TO r this certificate hos been si detoched for use os the b te Dept, of Health prior to b stating the underlying cause last 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 20g ACCIDENT WAS UNDERLYING [1] 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I ar Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INBURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (State) 20c TIME OF INJURY Month, Day, Year (County) Hour a m factory, street, affice bldg., etc.) Nat While at wark at wark CLU 1966, to 8/2 , 19 4 that (!) (we) last 21. I certify that (I) (this hospital) attended the deceased from 1966, and that death accurred a6, 30 PM, from causes and an the date stated above saw the deceased ofive on 8/44 22a, SIGNATURE 22b. DATE SIGNED STAFF PHYS. director, page 3 should be filed v M.D DIRECTOR 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) 6124 Central Ave., Capitol Hgts., Md. <u>Peter Duus</u> 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL CREMATION 23b. DATE THEREOF (State) BREMOVAL (Specify) 8/27/66 Prince Georges, Md. Cedar Hill Cemetery 25a REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 11helm Funeral Home ADDRESS VR A15 (4) 20 M 1/66 AUG 29 1866 4308 Suitland Rd. Suitland Md.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11825 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, functioning Residence before odmission) o. COUNTY o. STATE b. COUNTY Page jo death. Prince George MARYLAND Prince George and 3 Department C LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate mits, c CITY OR TOWN (If outside corporate kmits write RURAL and give nearest town) write RURAL and give negrest town)
CheverLy after DOA Bradbury Heights d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RES DENC along with farm ON A FARM? Prince George General Hospital Pages ate 4806 St. NO S NAME OF FIFST Middle Lost 4 DATE Doy Year **AECEASED** pencil in Item 18 Give Stabler DEATH IF UNDER 1 YEAR 6 COLOR OR RACE 7 MARRIED 8 DATE OF BIRTH AGE (In years IF HINDER 24 HRS NEVER MARRIED last b rthday) Months Doys Hours WIDOWED D VORCED be executed within 24 hours Mar 18, 1896 and 2 event 100 LSUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (State or foreign country) 10b K ND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired) NDUSTRY Ohio pages 1 In any U.S. Gov't Machinist 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Martin Stabler Pauline Wavanic dnd 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address permit. Chief Medical used as a burial-transit permit. burial, crematian, ar remaval, (Yes, no, or unknown) (If yes give wor or dotes of service) Helen E. Stabler 4806 U Street 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY Heart failure IMMEDIATE CAUSE (o) This certificate shauld writing the word DUE TO Conditions, if ony, which gove Arteriosclerotic heart disease over 4 vrs. rise to immediate couse (a). DHE TO stoting the underlying couse 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO 1 YES þ agent, prior ta 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) 3 should PRIMARY OF CONTRIBUTING EDITAL EXAMINER: CAUSE OF DEATH. MEDICAL 20e, PLACE OF INJURY (Home form, 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (City or flown) (County) (State) Ноиг о.т. foctory, street, office blda., etc.) may be retained far yaur FUNERAL DIRECTOR: Page Not While of work at work designated 21. I certify that I teak charge of the remains described above, held an Autopsy ... Inspection 🛣 Inquiry (3) and in my opinian death resulted from: Natural causes 13t. Accident/ Suicide | Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER 1 SIGNATURE DEPLTY MEDICAL EXAMINER Address (Street, city, town, or county) John Kehoe, M.D., Riverdale, 8-14-66 **EXAMINER'S** 5 may 70 FUNE Health NAME (Type) /23b. DATE THEREOF 230 BUR AL CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Spec fy) Cedat Hill Cemetery Maryland Suitland 8-16-66 24 FUNERAL DIRECTOR
Wilhelm Funeral Home 4308 Suitland Rd Suitland
Maryland 25b REGISTRAR'S SIGNATURE REC'D BY REGISTRAR 1966 VR A15ME (5) 6M 1/66

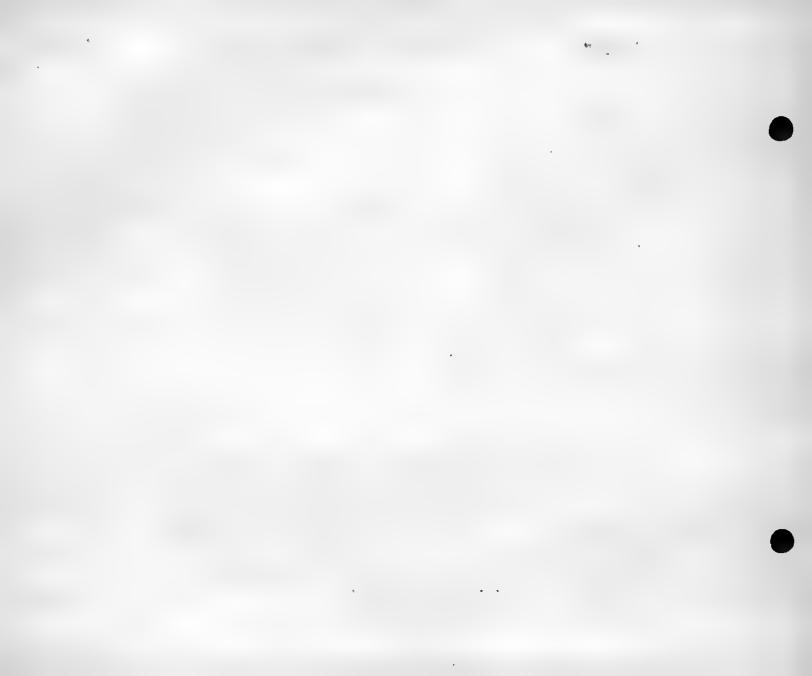


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before agmission) Prince George's o. COUNTY o STATE Prince George's MARYLAND Maryland b CTY OR TOWN (If outside carparate I mits, write RURAL and give nearest town) c CITY OR TOWN (if outside corporate ..mits, write RURA, and give nearest town) c . ENGTH OF STAY IN 16 Capitol Heights DOA Cheverly d NAME OF HOSPITAL OR INSTITUT ON (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? nate De 18. Give Pages 1, alang with farm Prince George General Hospital 6220 Shadyside Avenue YES NO TO 3. NAME OF Middle 4 DATE DECEASED (Type or print) William Edwin Steele DEATH 9 AGE (In years S SEX 6. COLOR OR RACE 7 MARRIED MEVER MARR ED 8 DATE OF BIRTH lost birthdoy) Months Dovs WIDOWED DIVOR CED Office White Nov. 1926 1Do USJAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 11 B RTHPLACE (State or fore-gn country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY (Yes, no or onknown) (f yes give wor or dates of service) ar removal, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE (AUSE (6) Acute pulmonary edema crematian, DUE TO Myocardial infarction days farwarded to the Conditions, if ony, which gove (b) Coronary occlusion, left coronary artery days nse to immediate couse (o). From coronary arteriosclerotic heart disease unknown stoting the underlying couse PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART I(o) 19 WAS AUTOPSY PERFORMED? YES X ИÓ 2Do EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port or Port II of Item 18) PRIMARY Or CONTRIBUTING CAUSE OF DEATH 20c TIME OF INJURY Month, Doy Year Hour o.m. 2De PLACE OF INJURY (Home form, ((rty or town) 2Dd INJURY OCCURRED (County) foctory, street, office bldg, etc.) 21. I certify that I took charge of the perhains described above held an Autopsy [5], Inspection [X], Inquiry K. and in my apinian Hatural causes X death resulted fram: Hamicide | Undetermined monner the funeral director. Accident Suicide . CHIEF MED CAL EXAMINER | ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL FXAMINER **SIGNATURE** 5 may be TO FUNERAL Health ar i DEPUTY MEDICAL EXAMINER John Kehoe, M.D. Riverdale, Md. Address (Street, city, town, or county) 23d LOCATION (C two Town) 25b. REDISTRAR'S SIGNATURE VR A15ME (5) Melianten



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item # FOR STATE I. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, finistitution Residence before pomission) o. COUNTY o. STATE b COUNTY deoth: delay is and 3 to Prince George's MARYLAND Maryland Prince George's b CITY OR TOWN (If autside carparate limits. c LENGTH OF STAY IN 16 c CTY OR TOWN (If autside corparate limits, write RURAL and a ve nearest town) write RURAL and give nearest town) with the State Deportm within 72 hours after Cheverly d STREET ADDRESS d. NAME DF HOSPITAL DR INSTITUTION (If not in hospital, give street address) e IS RESIDENCE DN A FARM? olong with form in pencil in Item 18, Give Pages YES NO 50 6403 Landover Road 6403 Landover Road 3 NAME OF 4 DATE F rs1 Middle Doy Year DECEASED (Type or print) DEATH Arthur Joseph Sweeney IF JNDER 1 YEAR S SEX 6 CD_DR OR RACE B DATE OF BIRTH AGE (In years IF UNDER 24 HRS 7 MARRIED NEVER MARRIED last birthday) Manths Days Haues DIVORCED 2 March WIDOWED 24 hours event d "pending" in pencil in Item 18 Chief Medicol Examiner's Office lond 2 Male White 7037 10a USUAL OCCLPATION (Give kind of work done 10b K NO OF BUSINESS OR 11 BIRTHPLACE (State of foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY Police Washington, D.C. Policeman 13. FATHER'S NAME be executed within Thelma \$61/65/66 Sullivan Arthur B. Sweeney 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) ar removals 577-09-9148 Nancy Morris Wheaton, MJ. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Heart failure writing the word DUE TO Arteriosclerotic heart disease buriol, cremation unknown Conditions, if ony, which gave nse to immediate cause (a), DUE TO certificate stating the underlying cause 9 nsed PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19 WAS AUTOPSY PERFORMED? YES SC NO 20a EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I at Part II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form (City or town) (County) (State) 20c TIME OF INJURY Month, Day, Year Haur a.m. factory, street, office bldg., etc.) Not While moy be retained for your FUNERAL DIRECTOR: Page at wark at wark 21. I certify that I took charge of the remains described above, held an Autopsy Inspection , Inquiry K. and in my opinion deoth resulted from: Natural causes 2 Homicide 🗍 Undetermined monner Accident Suicide | CHIEF MEDICAL EXAMINER ACTUAL 5 may be reta
TO FUNERAL DI:
Health or its d 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER **SIGNATURE** O DEPUTY DEPUTY MEDICAL EXAMINER [X] **EXAMINER'S** 8-31-66 Riverdale. Md. NAME (Type) John Kehoe, M.D. Address (Street, city town, or county) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) BURIAL, CREMAT ON (State) BUI'IAL

24. FUNERAL DIRECTOR 9-3-66 Fort Lincoln Cemetery Prince Georges. 256 REG STRAR'S SIGNATURE 2Sa. REC D BY REGISTRAR 1966 DATE SEP VR A15ME (5) Washington, D.C. Lee Funeral Home



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and ed death. 1. PLACE DE DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) a. COUNTY a. STATE b. COUNTY after the MARYLAND b. CITY OR TOWN (if outside corporate | mits, c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Paga write RURAL end give nearest/town) hours filled in I d. NAME OF HOSPITAL DR INSTITUTION (if not in hospital, give street eddress) e. IS RESIDENCE bon papers, within 72 I d. STREET ADDRESS ON A FARM? NO YES __ completely i NAME OF Middle Last DATE Month Day Year DECEASED 3 event, DEATH 19 (Type or print) executed DATE OF BIRTH FUNDER 24 HRS 5. SEX 6. COLOR OR RACE 9. AGE (In years | IPUNDER 1 YEAR last birthday) Months | Days 7. MARRIED Hours any and WIDOWED DIVORCEO ID FUNERAL DIRECTOR: After this certificate has been signed by the attending physician a director, page 3 should be detached for use as the burial-transit permit. Then please reshould be filed with the State Dept. of Health prior to burial, cremation or smooth, and in 10b. KIND OF BUSINESS DR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done) during most of working life, even if retired) certificate MOTHER'S MAIDEN NAME 13. FATHER'S NAME 15. WAS DEC ÉASED EVER IN U.S. ARMED FORCES?/ (Yes, no, or unkown) ((fyes give war or dates of service) 16. SOCIAL SECURITY NO. Address INFORMANT 17. death (Yes, no, or unkown) 18. CAUSE OF DEATH [Enter only one cause per lipe for (a), (b), and (c).] INTERVAL BETWEEN DISET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a DUE TD Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. CERTIFICATION WAS AUTDPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(2) PERFORMED? YES ND INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) CAL (State) (County) TIME OF INJURY Month, Day, Year 20d. INJURY DCCURRED | 20e. PLACE OF INJURY (Home, farm, I 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. MEDI Whlle Not While be retained by ATTENDING at work at work 21. I certify that (I) (this hospital) attended the deceased from 1966, that (I) (we) last A M, from the causes and on the date stated above. and that death occurred at 2 saw the deceased alive on 22a. SIGNATURE ATTENDING PHYS. STAFF PHYS. M.D. DIRECTOR TO HOSPITAL (Page 4 may 22d. ADDR PHYS/CIAN'S £ (Type DATE THEREDI LDCATION (City, town or county) (State NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 236. REMOVAL (Specify) REGISTRAR'S SIGNATURE FUNERAL DIRECTOR REC'D BY REGISTRAR 25b. **ADDRESS** VR A15 (4) 15M 4-64

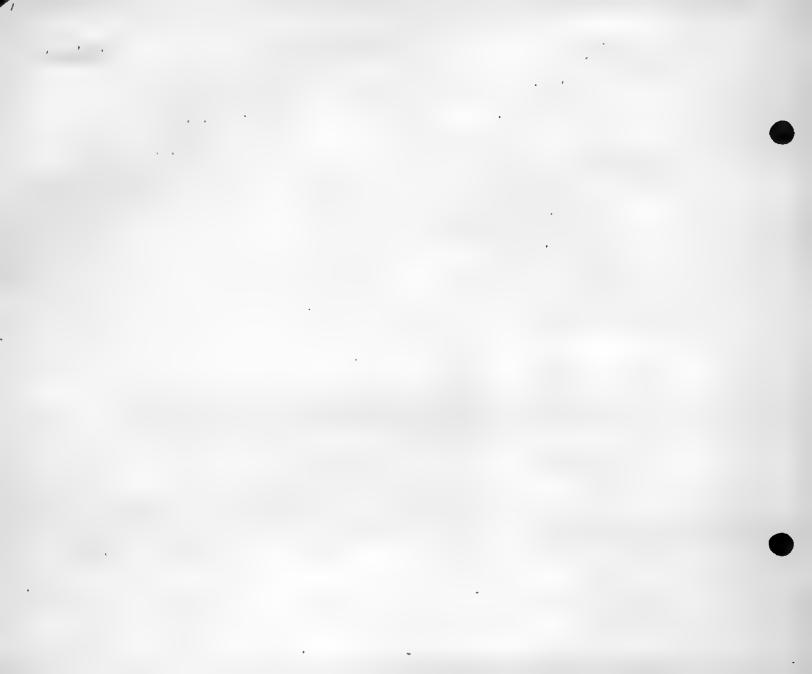


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY PrinceGeorges Maryland affer Prince Georges MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Camp Springs 2 davs Cheverlt d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Prince Georges General Hospital 7811 Lanhan Lane NO. YES etely executed within 5 NAME OF Middle DATE Month Day DECEASED 1966 move can any event, (Type or print) 17 Raby Boy Tavman DEATH Aug. . COIL AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED XX last birthday) Months Hours 1 15 Aug., 1966 OIVORGED ! White WIDOWED [Male 12. CITIZEN OF WHAT ease r nding physician a Then please re removal, and in 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) INDUSTRY COUNTRY? certificate be Maryland None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ed by the attending partransit permit. Then, cremation, or remova Marvk L. Davis Charles F. Tayman 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. Same as (Yes, no. or unkewn) | (If yes give war or dates of service) that the death Charles F. Tayman INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] certificate has been signed by the for use as the burial-transit it, of Health prior to burial, cremat ONSET AND DEATH PART I. DEATH WAS CAUSED BY: PHYSICIAN: The law requires that t the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO. YES T 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (County) (State) 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) J FUNERAL DIRECTOR: After the director, page 3 should be det should be filed with the State D factory, street, office bldg., etc.) Hour a.m. While Not While at work OR ATTENDING be retained by 21. I certify that (\$ (this hospital) attended the deceased from August 15, 19.66, to August 17, 1966, that (\$) (we) last saw the deceased alive on August 17 1966, and that death occurred at 500 m rom the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. DIRECTOR Page 4 may 1 M.D. PHYS PHYSIC AM'S 22d. ADDRESS NAME (Tybe) John W. Perkins, M.D. 6201 Riverdale Rd., Riverdale. Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 2 August 18th 66 - Bells Meth. Church Cemetery - Camp Springs Burial 25b. REGISTRAR 24. FUNERAL DIRECTOR Simmons Brothers Marles & 1966 VR A15 (4) 1661- Good Hope Road SE. Washington, DC 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission PLACE OF DEATH o. COUNTY Prince Georges o. STATE b. COUNTY MARYLAND remove carbon popers. Pages I any event, within 72 hours after b. CITY OR TOWN (If outside corporate imits, write RURAL and give negrest town) c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) Glenn Dale (rural) 20 days Washington, D.C. d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? completely filled in NO 📑 Glenn Dale Hospital 4415 Harrison St., N.W 3. NAME OF Middle 4. DATE DECEASED Fahrive DEATH August 30 (Type or print) Temizer AGE (n years FUNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE B DATE OF BIRTH 7 MARRIED **NEVER MARRIED** lost birthday) Months Days DIVORCED 1885 81 White attending physician ond sermit. Then pisasserem 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 10o, USUAL OCCUPATION (Give kind of work done COUNTRY? during most of working life, even if retired) INDUSTRY housewife Istanbul, Turkey

14 MOTHER'S MAIDEN NAME Turkey 13. FATHER S NAME burial, cremation, or removo Tahir Senive 1S. WAS DECEASED EVER IN U.S ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address signed by the attendir burial-transit permit. (Yes, no, or unknown) (If yes give war or dates of service) 579-66-5537 decedent 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE (AUSE (a) pulmonary embolism (clinical) DUE TO thrombophlebitis, right leg, and extensive Conditions, if any, which gave (b) decubiti of buttocks 4 months rise to immediate couse (a). DUE TO generalized arteriosclerosis with arteriosclerotic stoting the underlying couse this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to () heart disease: diabetes mellitus, uncontrolled unknown PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS ALTOPSY PERFORMED? NO 205 DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20d INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year factory, street, office bldg., etc.) at work O FUNERAL DIRECTOR: After 8/10/ 19.66 to 8/30/66 that (X (we) last 21. I certify that (t) (this haspital) attended the deceased fram____ 8/30/ 19 66, and that death accurred at 8:3044 fram causes and an the date stated above. saw the deceased alive an_ 22b. DATE SIGNED 22a. SIGNATURE PHYS. M.D. PHYS DIRECTOR 8/30/66 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Moe Weiss Glenn Dale Hospital Clenn Dale 23d LOCATION (City or Tawn) 230 BURIAL, CREMATION 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) Istanbul, Turkey 2So. REC'D BY REGISTRAR ADDRESS VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH
a. COUNTY 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE iled b. COUNTY b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 16 C. CITY OF TOWN I putside carparate limits, write RURAL and give negrest flown) RURAL opd give nearest fown) d. NAME OF HOSPIFAL (If not in hospital give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES T NO IE NAME OF Middle 4. DATE Year DECEASED OF DEATH (Type or print) 19 5. SEX-6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED 9. AGE (In years lost birthdox) IF UNDER 1 YEAR IF UNDER 24 HPS Months Days WIDOWED 13 DIVORCED [10a. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, efen it retired) 12 CITIZEN OF WHAT COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ECURITY NO. 17. INFORMAN Addres 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and/ (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if may, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES 🔲 NO 👺 20d. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, affice bldg., etc.) Hour a. ft. While Not while at work at work p. m. 21. I certify that I attended the deceased from 1966, that I last saw the deceased and that death occurred at 5.32 AM from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED SIGNATURES PHYSICIAN'S NAME (Type 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) 66 **FUNERAL DIRECTOR'S SIGNATURE** 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE AUU



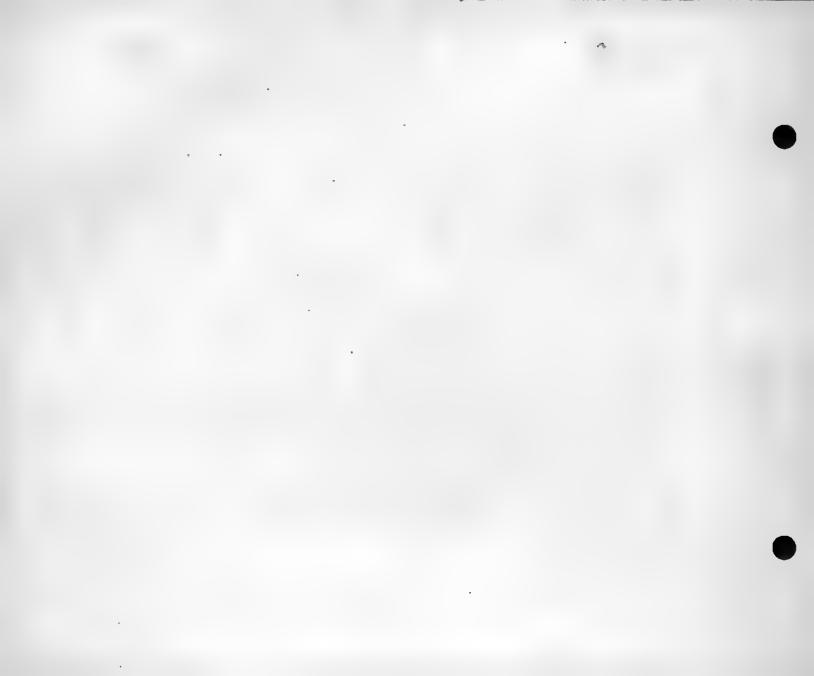


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 11838 HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) o. COUNTY o STATE b. COUNTY Prince George MARYLAND Prince George b CITY OR TOWN (f outside corporate mits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 c CITY OR TOWN (if outside corporate limits, write RURAL and give represt town) DOA Cheverly Landover d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? Prince George General Hospital 4112 YES NO THE Item 18 Give Pages 71st Ave 3. NAME OF First 4. DATE DECEASED 0F with the William Kirkpatrick Tinslev (Type or print) DEATH 26 19 66 6 COLOR OR RACE DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 7 MARRIED 7 NEVER MARR ED 9 AGE (In years lost birthdoy) Hours WIDOWED July, 1891 100 USUAL OCCUPATION (Give kind of work done 11 BiRTHPLACE (State or foreign country) 10b K ND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working ite even if refired) Newsbaper Tennessee penci 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Elizabeth Little John Tinsley pup IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOC AL SECURITY NO 17 INFORMANT This certificate shauld be executed (Yes, no, or unknown) (If yes give wor or dotes of service) 409 01 0718 a bunal-transit perant crematian, ar removal, Neva C Tinsley Landover, Md. pend ng" WYes 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY ONSET AND DEATH Heart failure IMMEDIATE CAUSE (o). Ward DUE TO Conditions, if any, which gave Arteriosclerotic heart disease rise to immediate couse (a), DUE TO storing the underlying couse 19 WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION PERFORMED? NO 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of Item 18) PRIMARY Or CONTR BUTING CAUSE OF DEATH 20c TIME OF N.J.RY Month, Dov. Year 20d INTURY OCCURRED 20e PLACE OF INJURY (Home, form 20f (City or town) (County) Hour om foctory street, office bldg , etc.) may be retained for yaur FUNERAL DIRECTOR: Page of work ot work L 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 🔽 , Inquiry and in my apinion death resulted from. Natural courses 3.1 Accident Suicide | Homicide Undetermined monner CHIEF MEDICAL EXAMINER 5 may be reta TO FUNERAL DI Health ar its d ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE the funeral O DEPUTY 9-27-66 DEPUTY MEDICAL EXAMINER TO **EXAMINER'S** John Kehoe, M.D. Riverdale NAME (Type) Address (Street, city town, or county) 23V. DATE THEREOF 230 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) 23a BUR AL CREMATION (County) REMOVAL (Specify) Aug 29, 1966 Fort Lincoln Cemetery | Colmar Manor, Pro Jeo Md. 24 FUNERAL DIRECTOR ADDRESS 250 REC D BY REGISTRAR 25b. REGISTRAR S SIGNATURE Hyattsville, Md. VR A15ME (5) Jasch's Sons 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH and campletely filled in by the funeral yeamove carbon papers. Pages 1 and 2 flany event, within 72 haurs after death... requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH b. COUNTY o. STATE o. COUNTY Prince Georges MARYLAND b. CITY OR TOWN (If outside corporate I mits, write RURAL and give nearest town)
Glenn Dale (rural) C LENGTH OF STAY IN 16 c CITY OR TOWN (If guitside corporate limits, write RURAL and give nearest town) 4 mts. 2 days Washington B IS RESIDENCE ON A FARM? d, NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS camptetely filled in 1419 6th St., N.W. Glenn Dale Hospital YES NO BE 3 NAME OF DECEASED (Type or print) 4. DATE Middle Lost Month Dov Year Tyler Sarah M. August 31 19 66 DEATH FUNDER 1 YEAR | IF UNDER 24 HRS 9. AGE (n years S SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH lost birthdov) Months Hours 5/15/1905 Female Negro WIDOWED DIVORCED 12 CITIZEN OF WHAT 10o USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State, or foreign country) 10b. KIND OF BUSINESS OR COUNTRY? during most of working are, even if retired) INDLSTRY Harrisonburg, Va. IISA 14. MOTHER'S MAIDEN NAME 13 FATHER S NAME Henry Mitchell Mary Broy IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address signed by the attendii burial-transit permit. (Yes, no, or unknown) (If yes give wor or dates of service) unknown Decedent INTERVAL BETWEEN 1B CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) ONSET AND DEATH Recurrent cerebrovascular accident (thrombosis) with right hemiplegia PART I. DEATH WAS CAUSED BY: Page 4 may be retained by the haspital or attending physician.

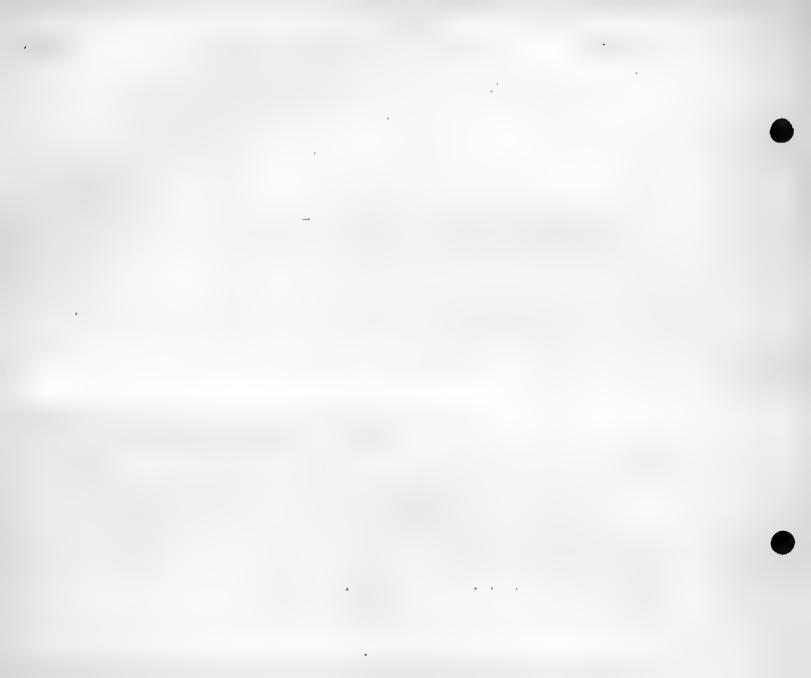
(D FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached for use as the burial-tran should be filed with the Stote Dept. of Health priar to burial, cres 2 yrs. Conditions, if ony, which gove rise to immediate cause (o), DUE TO stating the underlying couse (d) Generalized arteriosclerosis several yrs 19. WAS AUTOPSY PERFORMED? PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) Chronic pyelonephritis; hypertension. NO 205. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Part II of item 18.) 200, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour om. factory, street, office bldg , etc.) Not While of work at work 19.66 PMM, fram causes and an the date stated above. 21. I certify that (1) (this haspital) attended the deceased fram. 8/31/19_66, and that death accurred of saw the deceased plive an. 22b. DATE SIGNED 22o SIGNATURE 8/31/66 M.D. DIRECTOR Glenn Dale Hospital 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Moe Weiss, M.D. Glenn Dale, Maryland 23d LOCATION (City pr/Town) 23c. NAME OF CEMETERY, OR CREMATORY 23b DATE THEREOJ 23o. BUR AL CREMATION, REMOVAL (SPECIAL) HIVA UNIUAL 25b. REGISTRARY SIGNATURE 966 Yourseles ADDRESS 2So. REC'D BY REGISTRAR 24 - FUNERAL DIRECTOR VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11834 CERTIFICATE OF DEATH 11840 24 hours after death completely filled in by the funeral nove carbon papers. Pages 1 and 5 nove carbon papers. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institution Residence before admission) o. COUNTY o. STATE b. COUNTY Prince George District of Columbia MARYLAND b CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) C LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Washington d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENC d STREET ADDRESS Sacred Heart Home Underwood St... YES NO TY requires that the death certificate be executed within 3. NAME OF remove carban Lost DATE Month Doy Year DECEASED OF DEATH August 19 66 Theresa Voss 6 Anna (Type or print) IF UNDER 24 HRS S SEX B. DATE OF BIRTH AGE (In years 6 COLOR OR RACE 7. MARRIED NEVER MARRIED & lost pirthdoy) Months Doys Hours In any White April 16, 1889 Female WIDOWED DIVORCED 10o USUAL OCCUPATION (Give kind of work done 10h KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT during most of working life, even diretired) COUNTRY? INDUSTRY Lykens, Pennsylvania United States 13. FATHER'S NAME 14. MOTHER S MAIDEN NAME Ferdinand H. Voss Elizabeth A. Power IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service) Ь Hyattsville. 579-60-7285 Sacred Heart Home. Maryland IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) INTERVAL BETWEEN burnal-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) signed by DHE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stating the underlying couse Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been the WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) NO YES for 20o. ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) detached for the perior of the period of the OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Dov. Year 20d INJURY OCCURRED (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While of work ot work 21. I certify that (1) (this haspital) attended the deceased from 1966 to and that death accurred at 11:49/1M. fram causes and an the date stated above. saw the deceased alive an 220. SIGNAW 22b. DATE SIGNED M.D. DIRECTOR PHYS 22d. ADDRESS 5800 101% director, p 23d 10CATION (City of Town) 230 BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL (Specify) Buria. 256. REGISTBAR'S SIGNATURE BY REGISTRAR VR A15 (4) 20 M 1/66

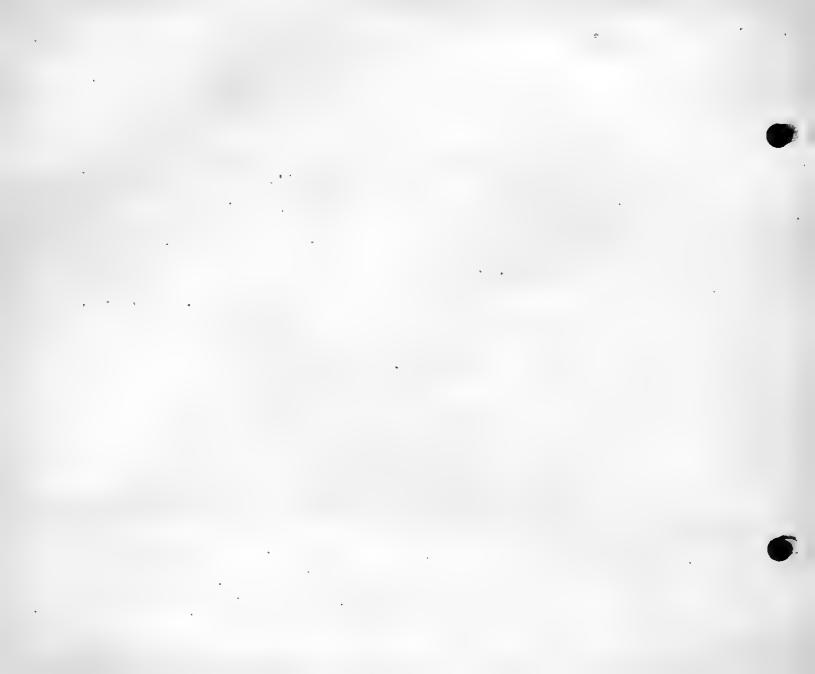


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) b. COUNTY Prince George's a. COUNTY a STATE delay is and 3 to Prince George's Marvland MARY, AND b CITY OR TOWN (1 autside carparate limits write RURAL and give nearest tawn) c LENGTH OF STAY IN 16 c CITY OR TOWN (If guitside corporate limits, write RURAL and a ve pearest town) haurs ofter Cheverly DOA Berwyn Heights d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? ferm Prince George General Hospital 5808 Ruatan Street YES NO X This certificate shauld be executed within 24 haurs after death 3 NAME OF First Middle Last 4. DATE DECEASED (Type or print) Donald Wade DEATH within S SEX 6 COLOR OR RACE 7 MARRIED **B DATE OF BIRTH** AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Office alon NEVER MARRIED last birthday) Months Doys W DOWED DIVORCED 3-13-1888 event Male White and 10a LSJALOCCJPATION (G ve kind of work done during most of working life, even if retired) 10b KIND OF BLS NESS OR BIRTHPLACE (State or fare an country) 12 CITIZEN OF WHAT INDUSTRY COUNTRYS Canada pages 1 In any (d "pending" in pencil in Chief Medical Examiner's Musician pencil 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Wade Unknown gnd 15 WAS DECEASED EVER N J S ARMED FORCES? 16 SOCIAL SECURITY NO 7 INFORMANT Address remayal, (Yes, no, grunknawn) (If yes gwe was or dates af service Louise Wade Berwyn Heights, Md. 1B CAUSE OF DEATH (Enter on y one cause per line for (o), (b), and (c)) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY ONSET AND DEATH Heart failure minutes IMMEDIATE CAUSE (o) e, writing the word farwarded to the Cl used as a burial-tri burial, crematian, Arteriosclerotic heart disease DUE TO over 15 yrs Conditions, if any, which gave (b) nse ta immediate cause (a), DUE TO stating the underlying cause lost 19 WAS AUTOPSY PERFORMED? PART I. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM WAL DISEASE COND T ON GIVEN IN PART 1(g) please execute the certificate. NO St 20g EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part I of item 18.) 3 should PRIMARY OF CONTRIBUTING TAL EXAMINER: CAUSE OF DEATH 20d INTURY OCCURRED 20e PLACE OF INJURY (Home, form 20c TIME OF INJURY Month, Day, Year (City or town) (County) (State) factory, street, affice bldg , etc) at work at wark 21 I certify that I taak charge of the remains described above, held an Autopsy Inspection 😓, Inquiry x ond in my opinion death resulted fram-Natural causes 😿 Acadent 🗍 Suicide [7] Hamicide Undetermined manner CHIEF MED CAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 5 may be 1 TO FUNERAL Health ar i DEPUTY MEDICAL EXAMINER DE EXAMINER'S NAME (Type) John Kehoe, M.D. Riverdale, Md. Address (Street, city, town, or county) 230 BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d EOCATION (City or Town) (County) Aug 26, 1966 Ft Lincoln Cemetery Colmar Manor, Pro Geo Md. 256. REGISTRARS S GNATURI 24 FUNERAL DIRECTOR 2Sa REC'D BY REGISTRAR 29 WE A15ME (5) Gasch's Sons Hyattsville. Md.





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral death. and death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY b. COUNTY after Prince George MARYLAND Maryland ges b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pag write RURAL and give nearest town) on papers. Pag within 72 hours hours d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Pomonkey .5 filled e. IS RESIDENCE ON A FARM? Sacred Heart Home NO DO YES within etely 3. NAME DE Middia Last 4. DATE Month Day Year DECEASED DF comple (Type or print) DEATH Waring 1966 Agnes August executed 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS DATE OF BIRTH 9 7. MARRIED NEVER MARRIED X last birthday) Months physician and in pleasetremover wat, and in aby Days Hours Female White WIDDWED DIVORCED [89 November 12.1876 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? INDUSTRY Housekeeping United States Charles County Maryland certificate 13. FATHER'S NAME MOTHER'S MAIDEN NAME removal. ed by the attending patransit permit. Then cremation, or remova John W. Waring Mary Jane Miles 15. WAS DECEASED EVER INU.S. ARMED FORCES? 16. SOCIAL SECURITY ND. 17. INFORMANT Address death (Yes, no, or unkown) (If yes give war or dates of service) No Sacred Heart Home, W. Hyattsville. Maryland 218-54-9183 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN been signed by the burial-transit or to burial, crams ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate DUE TD cause (a), stating the as th underlying cause last. has (c) CERTIFICATION WAS AUTDPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health certificate YES [NO P this cerum detached fr 20a, ACCIDENT WAS UNDERLYING I 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 1) of Item 18.) DR CONTRIBUTING T CAUSE DE DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, I 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While After at work at work 19 retained v 21. I certify that (I) (this hospital) attended the deceased from 19 that (I) (we) last DIRECTOR: age 3 should led with the and that death occurred at 11. 35 M, from the causes and on the date stated above. saw the deceased alive pri 22a. SIGNATURE 22b. DATE SIGNED STAFF Page 4 may 1 M.D DIRECTOR PHYS. E TO FUNERAL I director, pa NAME (Type) NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) BURIAL, CREMATION, DATE THERED (State) TREMOVAL (Specify) 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH



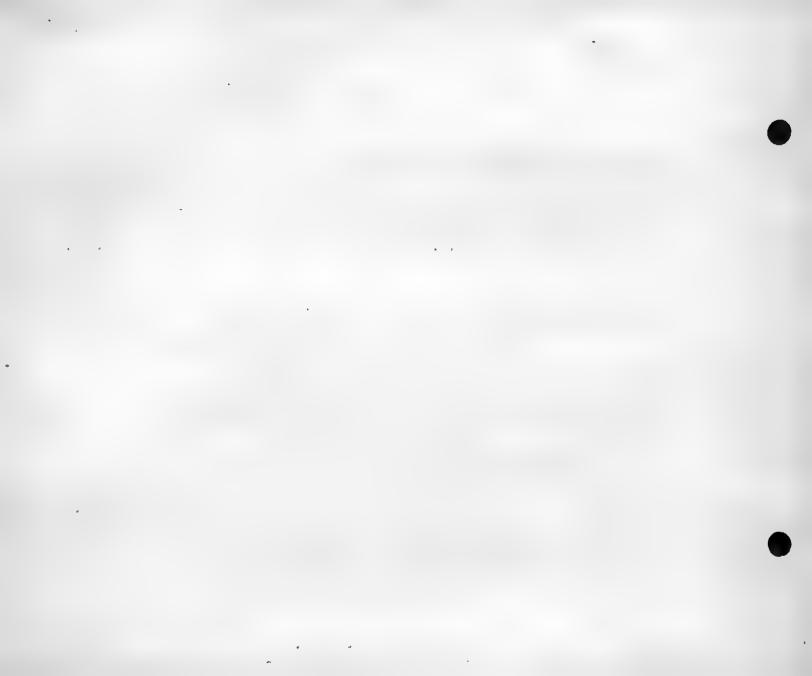
| 1 | MARYLAND S Division of STATISTICAL RESEARCH AND REC | | PARTMENT OF HEALTH I W. PRESTON STREET, BALTIMORE, MARYLA | ND 21201 |
|--------------|--|-------------|--|--|
| | 11845 CERT | IFICATE | OF DEATH | 11839 |
| 1 | PLACE OF DEATH q. COUNTY Prince Georges MA | ARYLAND | 2. USUAL RESIDENCE (Where deceased lived, if institution of STATE b. COUNT | n. Residence before admission)/ |
| | b CITY OR TOWN (If outside corporate limits, c LENGTH OF STA write RURAL and give neorest town) | / IN 16 | c CITY OR TOWN (If autside carparate limits, write RURA | L and give nearest tawn) |
| - | d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) | | d. STREET ADDRESS | e IS RESIDENCE ON A FARM? |
| | Glenn Dale Hospital | | 1788 Lanier Place N. W. | YES NO 🗔 |
| | NAME OF First Middle DECEASED (Type or print) Clyde S. | | Lost 4 DATE Month OF DEATH Aug | |
| 3 | SEX 6. COLOR OR RACE 7. MARRIED NEVER MARR WHOWED DIVOR | | B DATE OF BIRTH 9. AGE (in years lost birthday) 11/7/1899 66 yrs | FUNDER TYEAR IF UNDER 24 HRS Months Days Hours Min |
| d | to USCAL OCCUPATION (Give kind of work done INDUSTRY INDUSTRY INDUSTRY | | 11. BIRTHPLACE (County & State, or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
| 1 | Watchman RCA Bldg. 3. FATHER'S NAME | | Virginia 14 MOTHER'S MAIDEN NAME | USA |
| | James A. Weaver | | Elizabeth Lee | |
| | S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (If yes give wor or dotes of service) | | NFORMANT Address Decedent | |
| F | No 578-05-0739 18 CAUSE OF DEATH (Enter only one couse per Mpg for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY Bilateral bro | | | INTERVAL BETWEEN 1 ONSEL AND DEATH |
| | IMMEDIATE CAUSE (o) DUE TO | TICHOP: | Tetalon1a | 1 Week |
| | Conditions, if any, which gave (b) | | | |
| | stating the underlying cause lost. | ercul | osis | 1 mo. |
| ATION | PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT | FLATED TO T | THE TERMINAL DISEASE CONDITION G VEN IN PART 1(0) ma. | 1- I9. WAS AUTOPSY PERFORMED? YES NO |
| CEDENCIATION | 20g. ACCIDENT WAS JNDERLYING ☐ CONTRIBUTING ☐ CAUSE OF DEATH OR CONTRIBUTING ☐ CAUSE OF DEATH (If EITHER NOTEY MEDICAL EXAMINER) | | (Enter nature of injury in Port I ar Port II af item 18) | |
| MED CAL | 20c TIME OF INJURY Manth, Day, Year Hour a.m. 20d. INJURY OCCURRED While Not While at work at work at work | 20e. PLAC | CE OF INJURY (Home, form, ary, street, office bldg , etc.) 20f. (City ar tawn) | (County) (State) |
| | 21 I certify that 🗯 (this haspital) attended the decease | d fram7/ | t death accurred at 10 P M, fram causes of | , 19.66, that (we) la |
| | saw the deceased alive an 8/11 19_66 | , and mai | | 22b. DATE SIGNED |
| | 22c. PHYSICIAN'S | M.C | D. ATTENDING MED DIRECTOR X STAFF PHYS COMPANY | 8/11/66 |
| | NAME (Type) Moe Weiss, M. D. | | Glenn Dale, Maryland | LLAI |
| 7 | 3d. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CO | METERY OR | CREMATORY 23d LOCATION (City or Town | (Caunty) (State) |
| - | SEMOVAL (Specify) 8-14-66 Ma 24. FUNERAL DIRECTOR ADDRESS | rell | 2So RECD BY REGISTRAR 2Sb REGI | STRAR'S SIGNATURE |
| | Rombo Terrera House Mais | leall | () ANG 16 1966 your | arle Jurge |



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11845 CERTIFICATE OF DEATH filled in by the funeral papers. Pages 1 and). PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) Prince George b. COUNTY ve carban papers. Pages 1 event, within 72 hours after MARYLAND requires that the death certificate be executed within 24 hours after b CITY OR TOWN (If outside corporate I mits, worte RURAL and give nearest tawn) C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington, D. C Days d, NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) A STREET ADDRESS e IS RESIDENCE ON A FARM? 607 Alabama Ave. S. E. Prince George General Hospital YES NO varcatinisand campletely fi 3. NAME OF Middle First Lost 4. DATE Month Doy Year DECEASED H. 27 1966 John Weaver Aug. (Type or print) DEATH S SEX 6 COLOR OR RACE B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF JNDER 24 HRS 7 MARRIED NEVER MARRIED 5 dirthdoy) 11- 27-12 Malo white DIVORCED WIDOWED 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11. BIRTHPLACE (County & State for foreign country) during most of working life, even if retired) CHOUSTRY COM CO. NIRY? VORTH (AnolJO 13. FATHER S NAME 14. MOTHER'S MAIDEN NAM crematian, ar remaval the attending plants it permit. Then COTH 16. SOCIAL SECURITY NO 17 INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? Address 528 126-039132 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) signed by DUE TO 2mo. burial. Conditions, if any, which gove rise to immediate couse (a), DUE TO prior tat stoting the underlying couse been lost. has WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) TO FUNERAL DIRECTOR: After this certificate he director, mage 3 should be detached for use should be filed with the State Dept. af Health ONE NO YES 200 ACC DENT WAS UNDERLYING 205 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Hame, form, (City or town) (County) (Stote) Hour a.m. foctory, street, affice bldg., etc.) at work at work Aug 27, 19 64 that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased from JONE 1952, ta 19 66, and that death occurred of 9.30 M, from couses and on the date stated above. acia 26 sow the deceosed alive an_ 22o. SIGNATURI M.D. DIRECTOR PHYS ADDRESS 22d 22c. PHYSICIAN'S NAME (Type) 23C MAME OF CEMETERY OR CREMATORY 23d CATION (City or Town) BURIAL CREMATION (County (State) REMOVAL (Specify) **FUNERAL DIRECTOR** 2So. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 2Sb VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1 5 4 1 CERTIFICATE OF DEATH filed in by the funeral papers. Pages R and 2 thin 72 hours after death. death. 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH requires that the death certificate be executed within 24 hours after deat o. COUNTY a. STATE b. COUNTY Prince George Maryland Prince George MARYLAND b. CITY OR TOWN (If outside corporate I mits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) Temple Hills Cheverly d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 5739 1st Street Prince Georges General Hospital YES NO X 3 NAME OF First. Middle Lost 4 DATE Month Doy Year the attending physicion and compressly sit permit. Then please remove grabo DECEASED SEYMOUR JACK WEIL August 19 66 9 DEATH (Type or print) 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** R. DATE OF BIRTH lost birthday) Months Doys Hours Male White March 4, 1919 WIDOWED DIVORCED O 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, as foreign country) 12 CIT ZEN OF WHAT 10a USITAL OCCUPATION (Give kind of work done COUNTRY during most of warking the, even if retired)
Clerk-Document Room U.S. Capitol New York 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Isaac Weil August Klein 17 INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, na. ar unknown) If If yes give war ar dotes of service Anna L. Weil Temple Hills 5739 1st Street INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))
PART I. DEATH WAS CAUSED BY. signed by the burial-tronsit public burial, crematic ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove nse ta immediate couse (a), DUE TO stoting the underlying cause be retained by the hospital or ottending os the prior to TO FUNERAL DIRECTOR: After this certificate has been last. 19. WAS AUTOPSY PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PERFORMED? YES NO ٥ 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 1B.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Not While factory, street, office bldg., etc.) at work at work 2) I certify that (I) (this baseled) aftended the deceased fram. 1900 That (I) (we) last 1965, and that death occurred at 5 a.M. fram cayses and on the date stated above. saw the deceased alive on DATE SIGNED 220-SIGNATURE 22b ATTENDING DIRECTOR PHYS. director, page should be filed 22d. ADDRESS ZZc. PHYSICIAN S NAME (Type 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (County) (Stote) 23o. BURIAL, CREMATION. BULLA I August 12,1966 Fort Lincoln Cemetery Bladensburg Maryland Maryland 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **ADDRESS** 24. FUNERAL DIRECTOR Wilhelm Funeral Home 4308 Suitland Rd Suitland 1966



| | 165 | 1 | MARYLAND STAT Division of STATISTICAL RESEARCH AND RECORD | | PARTMENT OF HEALTH I W. PRESTON STREET, BALTIMORE, MARY | LAND 21201 | |
|-----|--|------------|---|-----------------|---|-------------------|--|
| | FOR STATE | | | | CERTIFICATE OF DEATH | | 115/19 |
| | HEALTH DEPT. | | ACE OF DEATH ** COUNTY | | 2. USUAL RESIDENCE (Where deceosed lived, if institution, STATE b COL | | etore odmission) |
| | | - | Prince George's MARYLA CITY OR TOWN (If outside corporate limits, C. LENGTH OF STAY IN | | Maryland Anne Ar | minde] | porest town) |
| 4 | If any delay 1, 2, and 3 three PM3. Pag Department ours after death | | write RURAL and give nearest town) Riverdale DOA | | Laurel | AAC GITO GITO INC | 01031 101111 |
| | Depo | | NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) | | d STREET ADDRESS | | e IS RESIDENCE ON A FARM? |
| | 8.0 0 5// | | land Memorial Hospital | | Old Fairview Trailor Par | | YES NO D |
| | ter death. It Give Pages ang with far the State thin 72 hau | | AME OF First Middle ECEASED ype or port) Dee Dee | | lost 4 DATE Mor OF DEATH | ith . | Doy Year |
| | after death 8 Give Page alang with f with the Stat within 72 he | 5 | 500 | 8 | 8 DATE OF BIRTH 9. AGE (In years lost birthdoy) | IF UNDER I YE | |
| | haurs Item 18 | _ | male White WIDOWED DIVORCED | | 6 Jan. 1965 1 yrs | 16 | |
| 1 | \$ S S | dur | g most of working are, even if retired) INDUSTRY | 2- | 11 BIRTHPLACE (Stote or fareign country) Cheminal Mal | COUNT | IRY? USA |
| | thire in page | 13. | TATHERS NAME | | 14 MOTHER'S MAIDEN NAME | | |
| | uted with the cal Exart nrt. File and al., and | 15 {Yi | WAS SECEASED EVER IN U.S. ARMED FORCES? The or unknown (Iff yes give wor or dates of service) 16 SOCIAL SECURITY NO | 17/7 | NFORMANT | ess (| The O |
| | be executed pending in its Medical E mist perm t. F | H | 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) | | sigh Wilch Nau | sel ! | NTERVAL BETWEEN |
| . 1 | be executer "pending" in Medical ansit perm 1. or remaval, | | PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Laceration of bi | ain | <u> </u> | | ONSET AND DEATH |
| 1 | the ward "per the ward "per ta the Chief burial-transit | | / DUE TO | | | | |
| W | certificate shauld writing the ward orwarded to the Cl used as a burial-tr burial, cremation, | | concinons, il ony, which gove (b) From fracture of itse to immediate couse (c), toting the underlying couse (| sk | <u>all.</u> | | minutes |
| | certificate writing transcribed as a burial, cre | |) (c) | | | | |
| | s certificate shauld be executed e, writing the ward "pending" is forwarded to the Chief Medical used as a burial-transit perm t. a burial, cremation, or remaval, | NO I | PART I OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATE | D TO T | THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(0) | | 19 WAS AUTOPSY PERFORMED? YES NO 24 |
| | ie ta a ž | CERTIFICAT | 200 EXTERNAL CALSE WAS PRIMARY OF OCONTRIBUTING | RRED. (| (Enter nature of injury in Part I or Part II of item 18) | | |
| | MINER: Thi the certificat 4 shauld be ur files. e 3 shauld by | AI CES | CAUSE OF DEATH Run over by car | ba | cking out of driveway. | 16 | 10 |
| | cal Examiner: execute the cert or. Page 4 shauld of far your files. TOR: Page 3 shau gnated agent, pr | MEDICAL | the management of the state of | | CE OF INJURY (Home, form, 170 (City of the organical parts) ory, street, office bidg., etc.) Eway of Box 297 Dumhart R | Coulity | (Stote) |
| | L EXAM recute th Page 4 ar your R: Page | | 71.30pm p.m. 8-3- 19 66 of work of work & D) 21. I certify that I taak charge of the remains described above | cive /e. hel | ld an Autapsy . Inspection . Ins | niry [27] | and in my apinian |
| 4 | LEDICAL EXAMINER: T sase execute the certifica irector. Page 4 shauld b ained far your files. IRECTOR: Page 3 shauld designated agent, prior | | death resulted fram: Natural causes , Accident), | | de 🔲, Hamicide 🔲, Undetermined n | | and the state of t |
| • | S G G G S | | ACTUAL SIGNATURE | | CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER | | 22. DATE SIGNED |
| | RA Be | | EXAMINER'S John Kehoe, M.D. Riverdale, | Md. | DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) | | 8-4-66 |
| | TO DEPL necessa the fun 5 may 10 FUNE Health | 230 | BURIAL, CREMATION 23b DATE THEREOF 23c NAME OF CEMETER | | CREMATORY 23d LOCATION (City of To | Wn) (Cor | untro (State) |
| | | 2 | ADDRESS ADDRESS | ry | 7.0000 | EGISTRAR'S SIGNA | ATURE |
| | VR A15ME 6M 1/66 | X | eWitt Danaldson Laur | d | Mul DATE AUG 10 1966 | Marl | es Judge |



| 1 | (N: | MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 | | | | | | |
|---|--|--|--|--|--|--|--|--|
| FOR ST | TATE | 11849 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 11843 | | | | | | |
| HEALTH | DEPT. | 1 PLACE OF DEATH 2 USUAL RESIDENCE (Where decreased lived if institution: Residence before admission) | | | | | | |
| is to ge | ₽ £ | o. CDUNTY Prince George's Maryland b. COUNTY Pro George's | | | | | | |
| delay and 3 1 M3 Pag | nent deo | b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) | | | | | | |
| Ty delay is 2, and 3 to PM3 Page | ate Deportment of hours after deoth. | b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 1b C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Cheverly, Md. C. LENGTH OF STAY IN 1b C. LENGTH OF STAY IN 1b Suitland, Md. | | | | | | |
| - 04 | Ded Ly | d. NAME DF HDSPITAL DR INSTITUTION (If not in hospital, que street oddress) Prince George's General Hospital 2206 Lakewood Street. By A FARM? | | | | | | |
| fter death. If C. G.ve Pages I, ang with form | State 2 | 2200 Takewood Street YES NO | | | | | | |
| deai Pa wrth | | 3 NAME OF DECEASED (Type or print) Pearl Ruth Wilcher DEATH August 19 66 | | | | | | |
| G.V. | west the within | (Type or print) Pearl Ruth Wilcher DEATH August 11, 19 66 S SEX 6. CO.DR DR RACE 7 MARR ED NEVER MARRIED 8 DATE DF SIRTH 9 AGE (In years IF JNDER 19 EAR 16 JNDER 24 HR) | | | | | | |
| 2 × 3/ | | female white WIDOWED DIVDRCED April 30, 1896 70 yrs Months Days Hours Min | | | | | | |
| hour tem | pages Tond 2 .n ony event | 100 USUAL DCCUPAT DN (Give kind of work dane 10b K ND DF BUSINESS DR 11 BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT | | | | | | |
| 24 in r s 0 | ny e | during most of warking life, even if retired) Housewife Own Home Louisville, Kentucky USA 13. FATHER'S NAME | | | | | | |
| hin ncii | o u. | 13. FATHER'S NAME 14. MDTHER'S MAIDEN NAME | | | | | | |
| wit xon | File | Lafayette Wilcher Anna Sizer | | | | | | |
| par l | al, a | 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SDCIAL SECURITY ND 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) | | | | | | |
| xec. ding | mov | no 228 05 0729D Wm Wilcher Hyattsville, Md. | | | | | | |
| pen pen | burial-tronsit permit. matian, or removal, | 18 CAUSE OF DEATH (Enter only one couse per ne for (o), (b), ond (c) INTERVA. BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart failure IMMEDIATE CAUSE (a) Heart failure | | | | | | |
| 25 | n, o | 4200 IMMEDIATE CAUSE (a) Heart failure minutes | | | | | | |
| shou the | urial | (anditions, if any, which gove) (b) Arteriosclerotic heart, disease over 1 yr. | | | | | | |
| the s | o b | rise to immediate cause (a), stating the underlying couse (DUE TD) | | | | | | |
| iifico iifing orde | 0), c | last. (c) | | | | | | |
| cerd wr | buri | PART I DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19 WAS AUTOPSY PERFORMED? | | | | | | |
| This cote | be o | YES ND 200 EXTERNAL CAUSE WAS 20b DESCRIBE HDW INJURY OCCURRED (Enter noture of njury in Part for Port II of item 18.) | | | | | | |
| *AL EXAMINER: This certificate should be executed within 24 hours ofter death execute the certificate, writing the word "pending" in pencil in Item 18 Give Page pr. Page 4 should be forwarded to the Chief Medical Examiners Office along with factoring flace. | FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File Health or its designated agent, prior to burial, crematian, or removal, and | 200 EXTERNAL CAUSE WAS PRIMARY D ar CDNTRIBUTING CAUSE OF DEATH. 200 T.ME OF INJURY Month, Day, Year While Not While foctory, street, affice bldg, etc.) NOTICE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? YES NO PERFORMED? YES NO PERFORMED? YES NO COURSED (Enter noture of njury in Part 1 or Port II af item 18) CAUSE OF DEATH. 200 T.ME OF INJURY Month, Day, Year While Not While foctory, street, affice bldg, etc.) | | | | | | |
| MIN The | 3 signat, | 20c T.ME OF INJURY Month, Day, Yeor 20d INJURY OCCURRED 20e PLACE OF INJURY (Harne, form, Haur a.m. While Not While foctory, street, affice bldg, etc.) 20f (City ar tawn) (Caunty) (State) | | | | | | |
| XAI yte 1 | Poge d ag | pm. 19 of work 🗀 of work | | | | | | |
| xecu Xecu | OR: | 21. I certify that I taak charge of the remains described above, neld an Autapsy, Inspection, Inquiry, and in my apinta | | | | | | |
| Se estron | ECT | death resulted from: Natural gauses 🔀 , Accordent 🗌 , Suicide 🔝 Homicide 🔝 Undetermined manner | | | | | | |
| MED please director | S de la | ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED | | | | | | |
| JTY JTY, I | RAL | EXAMINER'S DEPUTY MEDICAL EXAMINER | | | | | | |
| TO DEPUTY MEDICAL EXAMINER: necessory, please execute the certi the funeral director. Page 4 should s may be retained for your files | G FUNERAL DIRECTOR: Poge Health or its designoted age | NAME (Type) John Kehoe, M.D. Riverdale, Md. Address (Street, city, town, or county) 8-15-66 | | | | | | |
| 10 E | He | 230 BUR AL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATIONY 23d LDCAT DN (City or Town) (County) (Stote) | | | | | | |
| _ | 00 | REMOVAL (Specify) Aug 17, 1966 Ft Lincoln Cemetery Colmar Manor. Pro Geo Md 24. FJNERAL DIRECTOR 25%, REGISTRAPS S GMATLEE | | | | | | |
| | 15ME ST | F. Gasch's Sons Hyattstille, Md. ADDRESS AUG Lay REGISTRARS S GNAT RE Clearles Judge. | | | | | | |
| 0/1 | | DAIL DAIL | | | | | | |

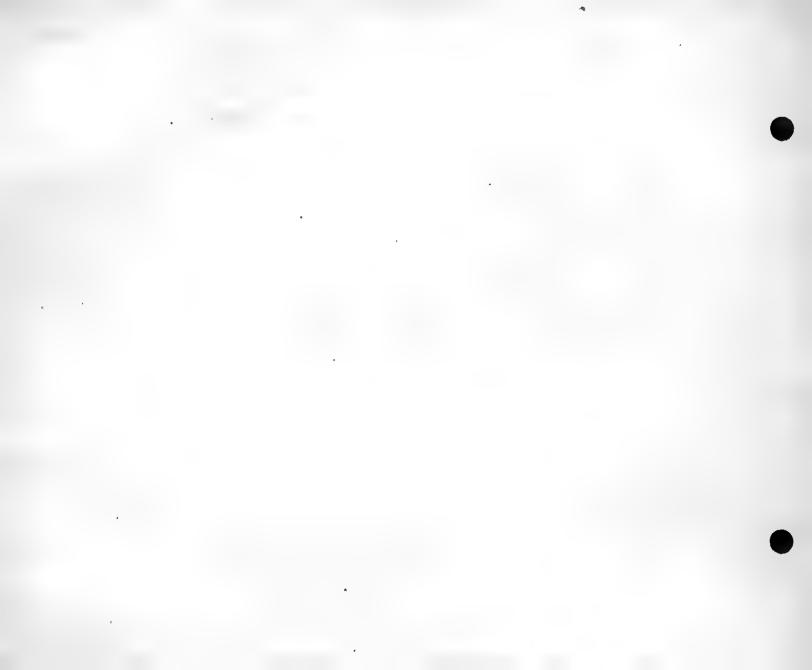


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11844 11850 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission o. COUNTY o STATE **b.** COUNTY death. Prince George's District of Columbia MARY, AND b CITY OR TOWN (I outside corporate limits C. LENGTH OF STAY IN . b c CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Departm Cheverly DOA Washington d NAME OF HOSPITAL OR INSTITUTION (finot in hospito, give street oddress) d STREET ADDRESS e IS RESIDENCE ON A FARM? haurs (Item 18. Give Pages ate Prince George General Hospital 1818 1st. Street. N.W YES NO S along with 3 NAME OF Middle Doy 72 DECEASED within (Type or print) Williams James DEATH S SEX 6 COLOR OR RACE B. DATE OF BIRTH AGF (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED lost birthdoy) Months Doys Hours haurs W DOWED DIVORCED 29 July 1934 Male Negro 100 USUA, OCCUPAT ON (Give kind of work done KIND OF BUS NESS OR 11 BIRTHPLACE (State or foreign country) 12 CIT ZEN OF WHAT 10P during most of working life, even if retired) INDUSTRY COUNTRY? South Carolina USA Trucking Co. Laborer 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME релсі be executed within Johnnie Williams Eloise Jeans pup IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT remayal, (Yes, no, or unknown) (If yes give wor or dotes of service) Johnnie Williams, Laurens, S.CE INTERVAL BETWEEN ONSET, AND DEATH MINUTES 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY þ .MMED ATE (AUSE (o) Laceration of brain This certificate shauld s a barial-tro cremation, e, writing the ward farwarded to the C DUE TO Conditions, if any, which gove From fracture of skull minutes nse to immediate couse (a), DUF TO stoting the underlying couse used as burial, a PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? please execute the certificate. NO 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of Item 18.) PRIMARY X or CONTRIBUTING CAUSE OF DEATH Driver of car which went out of control and over turned 20e PLACE OF N.URY (Home form foctory, street office bldg., etc.) 20c TIME OF INJURY Month, Dov. Year 20d INJRY OCCURRED Prince George County, Md. Stote) Hour om FUNERAL DIRECTOR: Poge Baltimore Washington Parkway at Rt. 6:07amem of work at work 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection 3 Inquiry be and in my opinion death resulted from: Accident X Natural Lauses Suicide Homitide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MED CAL EXAMINER SIGNATURE the funeral DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may 1 TO FUNER Health NAME (Type) John Kehoe, M.D. Riverdale, Md. Address (Street, city, town, or county) 230 BURIAL, CREMATION B-6-66 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) Removal (Specify) Laurens, S. White Plains 250 REGISTRARS SIGNATURE 24 FUNERAL DIRECTOR **ADDRESS** 2So REC'D BY REGISTRAR VR A15ME (5) 1956 Frazier's Funeral Home, Washington, D.C. 6M 1/66



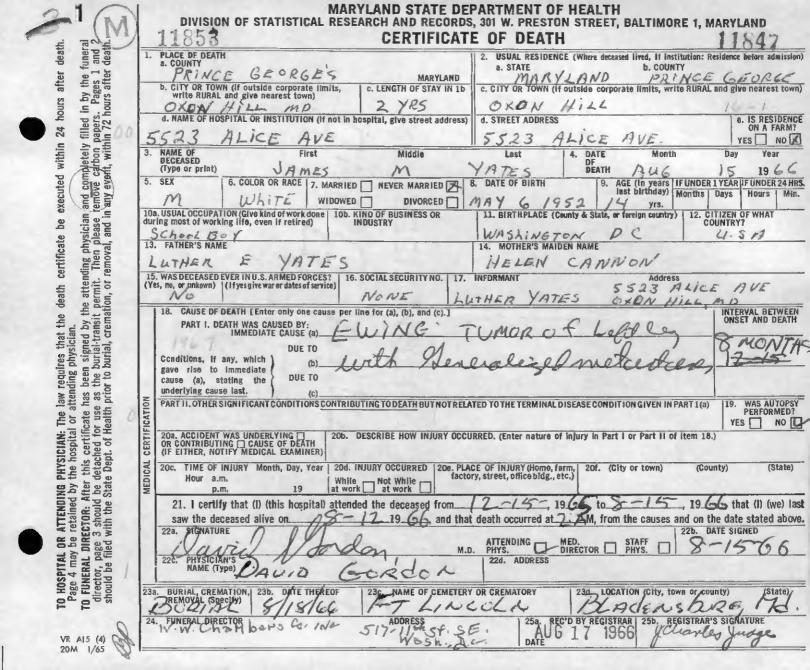
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201, 11851 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEP PLACE OF DEATH USUAL RESIDENCE (Where deceased lived if institution Residence before admission) a. COUNTY a. STATE Page death. ď Prince George's MARYLAND Prince George's Maryland Department b CITY OR TOWN (f autside carparate limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If guitside carograte limits, write RURAL and give negrest town) , 2, c. PM3 write RURA, and give nearest tawn) offer Cheverly DOA d STREET ADDRESS d NAME OF HOSPITA, OR INSTITUTION (finat in haspital give street address) S RESIDENCE ON A FARM? hours Item 18. Give Pages 1, Office alang with farm ate Prince George General Hospital YES NO 5c 4101- Lawrence Street haurs after death 3 NAME OF Middle 4. DATE Day DECEASED with the (Type or print) Theodore John Wilson DEATH S SEX 6 COLOR OR RACE 7 MARRIED 8 DATE OF BIRTH 9 AGE (In years YFAR NEVER MARRIED last b rthday) Manths Days Haurs W DOWED DIVORCED Jan. 1923 evenî Male White 10a USUAL OCCUPATION (Give kind af wark done during mast at warking life, even if retired)

1 ressman 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT INDUSTRY COUNTRY? A Jeannette. Pennsylvania Newspaper VIID , = within 3 FATHER'S NAME 14 MOTHER'S MAIDEN NAME 5 Minnie Pratt Arnold Wilson gud 15. WAS DECEASED EVER NUS ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT be executed (Yes no, or unknown) (fyes give war ar dates of service) permit. removal pending Gertrude M Wilson Colmar Manor, Md. 189 14 7445 yes CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY Minutes Ы IMMEDIATE (AUSE (a) Acute pulmonary edema This certificate shauld burial, crematian, e, writing the word farworded to the Cl DUE TO Coronary occlusion, right minutes Canditians, if any, which gave (b) From Coronary arteriosclerotic heart disease unknown rise ta immediate cause (a). DUE TO stating the underlying cause last. PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPS PERFORMED? YES X NO ₽ 20g. EXTERNAL CAUSE WAS agent, priar 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 1 of item 18.) 3 should PRIMARY I ar CONTRIBUTING I MEDICAL EXAMINER: CAUSE OF DEATH 20c. TIME OF N.J.RY Manth, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Haur am factory, street, affice bidg , etc.) Nat While may be retained for your FUNERAL DIRECTOR: Page at wark at wark 21. I certify that I taak charge of the remains described above, held on Autopsy [x]. Inspection . Inquiry of and in my ap nion Notural causes (X) Accident Suicide | death resulted from. Hamicide -Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMINER K **EXAMINER'S** NAME (Type) John Kehoe. M.D. Riverdale, Md. 8-5-66 Health Address (Street, city, tawn, or county) 23c. NAME OF CEMETERY OR COMMONDA 23g BUR AL CREMATION 23b DATE THEREOF 23d LOCATION (City or Town) 0 REMOVAL (Spec Aug 8, 1966 Arlington National Arlington Va. 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR "25b. REGISTRAR'S SIGNATURE VR A15ME (5) F. Gasch's Sons Hyattsville, Md. 6M 1766



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a STATE Page **b.** COUNTY 5 Prince George's MARYLAND PRINCE GEORGES Marvland b CITY OR TOWN (If autside carporate limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (II autside carparate kmits, write RURAL and give nearest town) and write RURAL and give negrest tawn) after Riverdale DOA Laurel d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE farm haurs ON A FARM? Pages بە YES NO -Leland Memorial Hospital 610 Main Street after death alang with 3 NAME OF Forst Midd e Last 4 DATE Doy Year DECEASED Authin 7 8 Give (Type or print) Herman Calvin Woodward DEATH 6 COLOR OR RACE 9 AGE (In years IF UNDER LYFAR F JNDER 24 HRS 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH last birthday) Months Doys Haurs WIDOWED DIVORCED Office Male White July 1935 10a USJAL OCCUPATION (Give kind of work done 10b KIND OF BLS NESS OR 1 BIRTHPLACE (State or foreign country) 2 CIT ZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? FLORIDA boges In any AIRMAN 13. FATHER'S NAME penci 14 MOTHER'S MAIDEN NAME be executed with WOOD WARD EVELYN C. KEMPTON and IS. WAS DECEASED EVER IN U.S. ARMED FORCES? Address 610 MAIN 16 SOCIAL SECURITY NO 17. INFORMANT permit. (Yes, na, ar unknown) ((If yes give war ar dates of service 1267-44-6382 MRS. RHODA WOODWARD LAUREL MP CTIVE DUTY 8 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) NTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH Ы IMMEDIATE CAUSE (6) Gun shot wound of brain minutes ward certificate shauld used as a burial-tr burial, crematian, DUE TO Conditions, if only, which gove (b) rise to immediate cause (a), DUE TO stating the underlying cause last nsed PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19 WAS AUTOPSY PERFORMED? YES DO NO alk agent, prior ta 20a EXTERNAL CALSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of ilem 181) 3 should PRIMARY OF CONTRIBUTING CAUSE OF DEATH Shot self with .38 caliber revolver at home. 20c TIME OF NJURY Month, Doy Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote) 8-16-19 66 While at wark at wark factory, street, affice bldg . etc) may be retained for your FUNERAL DIRECTOR: Page Home Same as #2 2). I certify that I took charge of the remains described above, held an Autopsy Inspection Se. Inquiry (F) and in my opinion death resulted from: Notural 4 A Rident Suicide Sel. Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) John 5 may TO FUNE Health Kehoe, M.D. Riverdale, Md. Address (Street, city, town, ar county) BUR AL CREMA 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) REMOVAL (SE 22-AUG. 1966 ARLINGTON NAT. CEM. 25b REGISTRAR'S SIGNATURE ARLING TON, 24 FUNERAL DIR LION ADDRESS 2So REC'D BY REGISTRAR VR A15ME (5) Misselen RIVERDALE, MA W.W ChAMBERS CO. 6M 1/66





MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11854 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE b. COUNTY Page death. 10 Prince George's MARYLANO Prince George's Department b. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) E. LENGTH OF STAY IN 16 de dnd after Cheverly DOA Chapel Oaks d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ate De ON A FARM? Give Pages Prince George General Hospital Sheriff Road NO x 3. NAME OF Middle . last 4 DATE Manth Ogy Year DECEASED within (Type or print) Gert rude DEATH Edith Young S. SEX 6. COLOR OR RACE 7. MARRIEO NEVER MARRIED 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR last birthday) Months Oavs Hours WIDOWEO DIVORCED haurs event Item] Female Negro Jan. 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during mast of working life, even if retired) COUNTRY ? pages in any 24 HOUSEWITE Chief Medical Examiner 13. FATHER'S NAME be executed within pencil 14. MOTHER'S MAIOEN NAME File WAS DECEASED EVER IN ILS ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMAN Address permit. removal (Yes, no, ar unknown) (If yes give war ar dates of service 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. GEATH WAS CAUSED BY ONSET AND DEATH 10 Heart failure IMMEDIATE CAUSE (a). s a burial-tro This certificate shauld writing the ward Arteriosclerotic heart disease over 2 mont Conditions, if ony, which gave farwarded ta rise ta immediate cause (a), OUF TO stoting the underlying couse burial, a used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? the certificate, NO 10 20a. EXTERNAL CAUSE WAS agent, priar 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 3 should PRIMARY I or CONTRIBUTING I EXAMINER: CAUSE OF OFATH 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 201 (City or town) (County) (State) Haur a.m. factory, street, office bldg., etc.) Not While FUNERAL DIRECTOR: Page at work of work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection oc. Inquiry x ond in my opinion the funeral director. death resulted fram: National causes & Accident [Suicide Undetermined manner Homicide

Riverdale, Md.

23c. NAME OF CEMETERY OR CREMATOR)

CHIEF MEDICAL EXAMINER

QEPUTY MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

Address (Street, city, tawn, or county)

250. REC'D BY REGISTRAR

23d. LOCATION (City or Town)

22. DATE SIGNED

(County)

25b. REGISTRARS SIGNATURE
66 Minutes

Health 0 5 6M 1/66

10

TO DEPUTY

ACTUAL

SIGNATURE

EXAMINER'S

230. BURIAL CREMATIO

24. FUNERAL DIRECTOR

NAME (Type) John Kehoe, M.D.

23b. DAJE THEREC

VR A15ME (5)

11548 ACCUSANCE IN COMMENTAL AND ACCUSANCE IN COMMENT